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EXERCISE/EXERCICE NAPOLEON WELLESLEY

**“Psychological Fitness and the Prevention of Post Traumatic Stress Disorder”**

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## **ABSTRACT**

Being able to recognize when intense emotional reactions become overwhelming as a result of witnessing deaths, experiencing terrible circumstances, and reacting to traumatic events is a crucial tool for military members to possess to prevent PTSD and other psychological distress. Having the knowledge necessary to recognize the early signs and symptoms of distress would provide individuals with the possibility of recovery and self-healing. The psychological benefits for individuals in knowing and understanding their own coping capabilities and the importance in being able to discriminate between efficient and ineffective coping strategies are tools to prevent PTSD.

The CF has the responsibility to provide psychological education and training to teach members efficient coping strategies and increase their psychological resources in order to help prevent PTSD and other psychological distresses. The preventative effects and positive impact that psychological fitness training will have on the CF by developing knowledge, understanding, skills and coping flexibility in members to prevent PTSD and psychological distress will be established. The importance of leadership in preventing psychological distress and the benefits of psychological fitness training for leaders, members, and the CF culture will be demonstrated. The inclusion of psychological fitness training throughout members' career is necessary.

## “PSYCHOLOGICAL FITNESS AND THE PREVENTION OF POST TRAUMATIC STRESS DISORDER”

“There are compelling reasons to believe that the human mind, like the body, has a limited capacity to withstand external forces without suffering damage.”<sup>1</sup>

### INTRODUCTION

Research has been on-going for over a century in an effort to better understand the impact of combat and traumatic events on the mind. With the plethora of information available, it is easy to get lost in the data of factors, predictors, statistics, and theories, and forget that people’s quality of life is at stake. In society today, stress management is an extremely useful tool. The requirement to properly handle stress has been instilled in military cultures for a very long time. The ability to handle stressful and traumatic situations was and undoubtedly remains just as important as the ability to properly handle the physical demands of military demands. Mental wellbeing has been recognized as a critical factor in warriors’ ability to function in battle dating back as far as Sun Tzu during 6<sup>th</sup> Century B.C.<sup>2</sup> Today stress management has become a common topic in a variety of professional occupations. However, stress management briefings once every year or so are not substantial enough to prevent distress. A briefing on the importance of physical fitness will not produce good physical health and prevent various illnesses and

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<sup>1</sup> Charles R. Figley and William P. Nash, *Combat Stress Injury: Theory, Research and Management* (New York: Routledge, 2007), 48.

<sup>2</sup> S.B. Griffith, *Sun Tzu: The Art of War* (London, Oxford, New York: Oxford University Press, 1963) 64, 108 and 133.

injuries. The same principles apply with psychological health. Some may argue that since psychological distress affects only a small percentage of military members, it is not a major issue. However, even a small percentage will equate to a few thousand personnel over time. If a piece of equipment malfunctioned once in a while and severed the fingers of the operators, all usage of the equipment would cease until the problem was rectified. Nobody would say that faulty equipment was not a major issue because only five percent of personnel lost their fingers! Nobody would accept a situation that caused injuries to hundreds of their personnel in a short time! Yet, because psychological illnesses are invisible, a small percentage of cases seems acceptable to some. Ignoring the possibility to prevent depression, anxiety, posttraumatic stress disorder, and other psychological distresses is simply irresponsible.

Much has been done in the CF to provide proper treatment to military members experiencing psychological distress. The CF created five Operational Trauma and Stress Support Centers (OTSSCs) to provide the medical assistance and treatment required to members suffering from psychological distress. A peer support group program has been established and continuity of care has improved according to the Special Report from the Ombudsman in 2001. In the Ombudsman follow-up report in 2002, the Operational Stress Injury Social Support (OSISS) has been received as a step in the proper direction. Senator Romeo Dallaire, in his address to the Standing Committee on May 29, 2008, viewed OSISS as a critical part in the wellbeing of military personnel living with PTSD.<sup>3</sup> Psychological distress is a complex issue to treat and is expressed in various forms such as depression, anxiety, suicide, and PTSD. The treatment of military members with

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<sup>3</sup> House of Commons, Standing Committee on National Defence, *Minutes of Proceedings and Evidence*, no. 28, Thursday, May 28, 2008, 1:37.

psychological distress is improving. However, the topic of prevention is at the heart of the issue.

What does the Canadian Forces (CF) do to prepare military personnel to handle the suffering, loss, destruction and deaths members may witness or that military operations may cause? What skills did the CF provide military members to handle the suffocating weight of watching suffering and death helplessly? How prepared are military members to hold the hand of someone dear dying? How do military members learn that sometimes, no matter how much effort they put in or how much of themselves they give, they will not make a difference? How are military members trained to find personal resources and resiliency when talking does not help? What tools, education, and training do military members receive to help them manage the struggles, the pain, and the misery all the while trying to remain psychologically healthy? Unmistakably, the prevention and mitigation of psychological distress in the CF must become imperative. How can the CF help prevent PTSD and other types of psychological distress?

Given the importance of mental wellbeing in all facets of an individual's life, this paper seeks to provide a greater understanding of psychological distress, coping strategies, mitigating factors, and the importance of proper training to prevent psychological distress. Using studies and theories developed during the last two decades, this paper will demonstrate the importance of preventative application of psychological fitness training to increase psychological wellness and decrease PTSD occurrences. The first chapter will focus on background information, stressors, symptoms, recovery and memory processes to increase the understanding of PTSD. An explanation of the multitude of physiological and psychological symptoms that can be present when an

individual is experiencing psychological distress or PTSD will be given. The major predictors of PTSD and their influence in increasing an individual's predisposition to PTSD will be discussed. The multiplicative effect from several exposures to trauma will be explained given their importance in the prevention of PTSD. The impact of resource loss during highly stressful or traumatic events and the importance to provide mitigating factors to military members will be discussed. The significance of casualties and threat to life as severe stressors for individuals and military members alike will be explained. The fact that gender difference has a role to play in the likelihood of women suffering from PTSD and psychological distress will be introduced. Overall, the first chapter's aim is to expand the reader's understanding of PTSD.

The second chapter will focus on coping strategies, appraisal, culture and support. The importance and psychological benefits for individuals to know and understand their own coping capabilities will be addressed initially. Then, the importance of discriminating between efficient and ineffective coping strategies will be discussed. Furthermore, the importance and health impact of individual's assessment or appraisal of the situation in preventing, mitigating or increasing the probability of PTSD will be established. The impact of culture in the initial and automatic assessment of traumatic situations will be introduced. A discussion of the preventative potential of military culture and group cohesion will ensue. Although military support is important in preventing PTSD, the crucial role of social and family support in military members' psychological wellness will be recognized. Lastly, a conservation of resources theory which encompasses most of all that will have been discussed will be presented.

The third chapter will emphasize the preventative potential and positive impact that psychological fitness training would have on the CF by developing knowledge, understanding, skills and coping flexibility in military members to prevent PTSD. Emphasis will be placed on the importance of establishing a comprehensive mental health training program covering the entire life-span of an individual career. Recommendations from CF Mobile Command official research and the Ombudsman investigation regarding psychological fitness training and the value of such training will be presented. The importance of leadership in preventing psychological distress and the benefits of psychological fitness training for leaders, military members, and the CF culture will be demonstrated. The inclusion of psychological fitness training throughout members' career will be debated. This research is not a study of all the great leaders who considered mental health as a critical factor, nor is it the chronological depiction of the evolution of mental distress from traumatic events. However, in order to better understand the origins of PTSD, a brief background on the various terminology used since World War I to describe mental illness will follow.

## **UNDERSTANDING PTSD**

Understanding PTSD will provide individuals a better appreciation of the incapacitating effects of PTSD. Knowing the various stressors, multiplicative effects and the myriads opportunities to be affected by PTSD will motivate individuals to seek preventative methods. Understanding the predictors of PTSD and knowing that certain factors will increase someone's vulnerabilities and susceptibilities to PTSD will compel



individuals to prepare themselves and increase their defence against such eventualities. People may not have a choice in some of the situations they will experience, but they can choose their reactions to them. Being able to recognize when intense emotional reactions become overwhelming as a result of witnessing deaths, experiencing terrible circumstances, and reacting to traumatic events is a crucial tool for members to possess to prevent PTSD and other psychological distress. Having the knowledge necessary to recognize the early signs and symptoms of distress will provide individuals with the possibility of recovery and self-healing. There is strength in accepting and being aware of one's own weaknesses. There is strength in learning to prevent, moderate, and cope with life's most challenging situations. Acknowledging the reality and potential for psychological distress and PTSD is a step towards more realistic views of the mental demands faced by members within the CF. This chapter will present background information, stressors, symptoms, recovery, and gender differences to increase the understanding of PTSD and show the importance in preventing psychological distress.

The term PTSD was introduced in the 1980s, but psychological distress as a result of traumatic events has been diagnosed long before. From a combat perspective, psychological and emotional distress has often been referred to as "shell shock." After World War I, terms such as "neuroses", "neurasthenia" and "neuropsychiatric problems" were used to describe mental illness or injury from combat. Thousands and thousands of soldiers were affected by "shell sock" or "neurosis."<sup>4</sup> Military personnel suffering from shell shock or neurosis were considered weak, cowardly and without the required mental

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<sup>4</sup> A. Marin (Ombudsman), *Special Report: Systemic Treatment of CF Members with PTSD*, Report to the Minister of National Defence Pursuant to the Ministerial Directives (Ottawa: National Defence and Canadian Forces, 2001), 30.

abilities of soldiers. Sadly, the false assumptions that only people of weak character get afflicted by psychological distress still exist in the CF today. To alleviate the stigma currently attached to PTSD the CF uses the term Operational Stress Injury (OSI). Depression, anxiety, suicide, OSIs, and PTSD are emotional distress phenomena inflicting members of the CF. Not diminishing the importance of other psychological distress illnesses or injuries, this paper will focus on PTSD and preventative methods.

PTSD is an incapacitating illness resulting from the experience of one or several traumatic events. In the mist of all of the predictors and factors influencing PTSD, a true understanding of such a complex subject seems out of reach. For those who experience PTSD, the disease is debilitating and devastating. PTSD symptoms, according to the *Diagnostic and Statistical Manual of Mental Disorder DSM-IV*, consist of several distressing indicators such as experiencing the trauma over and over again, avoidance, numbing, and increased arousal. A fundamental feature of PTSD is the fact that the debilitating conditions are directly connected to one or several traumatic events.<sup>5</sup> Extensive of research has found people with PTSD symptoms after a variety of diverse traumatic circumstances from hurricanes, earthquakes, volcanic eruptions, to rapes, violent acts, car accidents, abortion, and childhood abuse. PTSD can be experienced from combat operations, peacekeeping and peacemaking assignments, recovery missions and many others stressful and traumatic situations. It is a disorder impairing individual functioning momentarily or chronically that is directly linked to the original stressors. Given the difficulties in treating PTSD, especially once the condition has become

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<sup>5</sup> E.J. Ozer, S.R. Best, T.L. Lipsey and D.S. Weiss, "Predictors of Posttraumatic Stress Disorder and Symptoms in Adults: A Meta-Analysis," *Psychological Bulletin*, Vol. 129, no. 1 (2003): 52-73; <http://www.web.ebscohost.com>; Internet; accessed 8 January 2009, 53.

chronic, some psychologists consider PTSD “incurable.”<sup>6</sup> The trauma endured and subsequent PTSD is a painful and disturbing experience that can change someone permanently.<sup>7</sup> For that reason, emphasis should be on education, training and prevention to mitigate the number of cases of PTSD, and other emotional distress, in the CF.

To mitigate and prevent PTSD in the CF, education and training should increase the understanding of the complexity of factors potentially present during traumatic events thus providing military members with the ability to prepare prior to experiencing such situations. According to Hobfoll, stress occurs when circumstances threatening the loss of resources exist, when the loss of resources occurred, or when the efforts expended failed to obtain the coveted resources.<sup>8</sup> Such resources can be material, physical, emotional, and/or psychological. Other theorists attribute stress reactions to individual’s appraisal of the situation. In such instance, stressors would be perceived as positive, negative or neutral factors depending on the individual’s assessment of the situation.<sup>9</sup> King (2008) adopted three specific war-related psychosocial stressors to better capture combat experiences. The first type of psychosocial stressor is the perception of threat which includes the fear of harm or death. The second psychosocial stressor is the

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<sup>6</sup> M.C. Monson, P.P. Schnurr, P.A Resick, M.J. Friedman, Y. Young-Xu and S.P. Stevens. “Cognitive Processing Therapy for Veterans With Military-Related Posttraumatic Stress Disorder.” *Journal of Consulting and Clinical Psychology*, Vol. 74, no. 5 (2006): 898-907; <http://www.web.ebscohost.com>; Internet; accessed 7 January 2009.

<sup>7</sup> S.E. Hobfoll, M. Tracy and S. Galea, “The Impact of Resource Loss and Traumatic Growth on Probable PTSD and Depression Following Terrorist Attacks,” *Journal of Traumatic Stress*, Vol. 19, no. 6 (2006): 867-878; <http://www.web.ebscohost.com>; Internet; accessed 12 January 2009, 869.

<sup>8</sup> S.E. Hobfoll, “Been Down So Long, It Looks Like Up: Cognitive Recalibration of Groups in Response to Sustain Conflict,” *Palestine-Israel Journal of Politics, Economics, & Culture* 10, no. 4 (2001): 17-23; <http://www.web.ebscohost.com>; Internet; accessed 12 January 2009, 18.

<sup>9</sup> Major E.R. Black, “Human Performance in Combat,” (St Hubert: Canadian Forces Mobile Command Headquarters Personnel Research Report 88-1, 1988), 5.

experiences of combat which focus on the realities of combat. The last category of psychosocial stressor is the “aftermath of battle” which considers the destructive nature of war and its consequences.<sup>10</sup> These war-related psychosocial stressors could be incorporated in broader categories. However, specifically defining war-related psychosocial stressors emphasises the uniqueness of combat and other military operations. Understanding of the complexity of factors potentially contributing to psychological distress and PTSD will provide military members with the ability to be better prepared in facing traumatic events. However, for certain individuals, the combination and intensity of stress factors, stressors and life situations are such that they lead to psychological distress and can also lead to PTSD.

A single stressor during normal situations may be easily managed, but a multitude of stressors in traumatic and stressful situations can be overwhelming and lead to PTSD. The combination of several simultaneous stressors has a much greater impact on individuals than just the accumulation of stressors. The difficulties in managing large number of stressors are amplified during traumatic situations. For military members, Lamerson and Kelloway (1996) found that experiencing combat stressor concurrent with contextual stressor multiplied the impact of stressors instead of only having a cumulative effect. Contextual stressors refer to such things as the confusion and ambiguity of the mission, conflicts between military mission, public perception, and the overworked, overtasked, and overextended characteristics of some of the military units.<sup>11</sup> Contextual

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<sup>10</sup> L.A. King, D.W. King, E.E. Bolton, J.A. Knight and D.S. Vogt, “Risk factors for mental, physical, and functional health in Gulf War veterans,” *Journal of Rehabilitation Research & Development*, Vol. 45, no. 3 (2008): 395-408; <http://www.web.ebscohost.com>; Internet; accessed 23 January 2009, 396.

stressors may become chronic stressors and be outside of one's control. Such permanent stressful situations are extremely challenging for individuals to manage and adapt. Members exposed to various chronic stressors may become more vulnerable to traumatic stressors because of the multiplicative effects of simultaneous stressors. In turn, the experience of combat stressors will aggravate stressors in other environments such as family, finance, relationships, etc... Therefore, sometime as simple as knowing that one's family is taken care of is important because it has a positive impact on the individual's ability to handle stress.<sup>12</sup> Conversely, the feeling to have abandoned one's family in times of need will increase the level of stress experienced during combat operations.<sup>13</sup> It is important for military members and leaders to be aware of the interplay between concurrent stressors and the impact that seemingly simple factors will have during stressful situations and traumatic events. The combination of personal and environmental factors increases an individual's susceptibility to traumatic stressors.<sup>14</sup> Understanding the multiplicative effects of coexisting stressors and taking actions to reduce their overwhelming outcomes, especially during strenuous circumstances, may prevent the occurrences of PTSD. Furthermore, researchers found that specific traumatic stressors

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<sup>11</sup> C.D. Lamerson and E.K. Kelloway, "Towards a Model of Peacekeeping Stress: Traumatic and Contextual Influences," *Canadian Psychology*, Vol. 37, no. 4 (1996): 195-204; <http://www.web.ebscohost.com>; Internet; accessed 23 January 2009, 196-197.

<sup>12</sup> Brigadier-General (Retired) G.E. Sharpe and A. English, "Observations on the Association between Operational Readiness and Personal Readiness in the Canadian Forces" (Contract Report, Defence Research and Development Canada – Toronto, 2006), 33.

<sup>13</sup> S.E. Hobfoll, C.D. Spielberger, S. Breznitz, C. Figley, S. Folkman, B. Lepper-Green, D. Meichenbaum, N.A. Milgram, I. Sandler, I. Sarason and B. van der Kolk, "War-Related Stress: Addressing the Stress of War and Other Traumatic Events," *American Psychologist*, Vol. 46, no. 8 (August 1991): 848-855; <http://www.web.ebscohost.com>; Internet; accessed 12 January 2009, 849.

<sup>14</sup> C.D. Lamerson and E.K. Kelloway. "Towards a Model of Peacekeeping Stress...", 196.

had a greater impact on some individuals more than other and consequently increased one's vulnerability to PTSD.

In order to increase psychological fitness and prevent psychological distress and PTSD, members and their units must understand what traumatic stressors and factors increase individuals' predisposition to PTSD. Ozer et al. (2003) conducted a meta-analysis of predictors of PTSD: history of prior trauma, psychological problems prior to target stressor, psychopathology in family of origin, perceived life threat, perceived support following trauma, peritraumatic emotional responses, and peritraumatic dissociation.<sup>15</sup> The result of Ozer et al.'s analysis showed that individuals with history of prior trauma or psychological problems prior to target stressor and psychopathology in family of origin showed a small increase in the levels of PTSD symptoms reported or diagnosed. However, these factors were not as relevant in combat related trauma or accidents. When considering factors such as prior trauma history, previous psychological problems and psychopathology in family of origin, civilian members showed a greater predisposition to PTSD than military members. The variance in predisposition may be an indication of the counterbalancing effect of military training and culture.

Not all traumatic elements will affect individuals to the same degree creating various levels of individuals' vulnerability and predictability to PTSD. The type of factor and the level of fatigue will increase members' susceptibility and predictability to emotional distress. Sleep deprivation aggravates the effects of stress and increases the

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<sup>15</sup> E.J. Ozer, S.R. Best, T.L. Lipsey and D.S. Weiss, "Predictors of Posttraumatic Stress Disorder and Symptoms in Adults...", 55.

physical and physiological damages that may develop as a result.<sup>16</sup> Accumulated fatigue increases members' subjection to various irritants and decrease their aptitude to handle exhausting conditions. Memory abilities are reduced by lack of rest, heavy workload, inadequate working conditions and the operational tempo.<sup>17</sup> Figley and Nash (2007) found that traumatic stressors directly related to "terror, horror and helplessness" increased individuals' susceptibility to emotional trauma.<sup>18</sup> Sumer et al. (1999) research produced similar results and indicated that fear during a traumatic event was the most predicative factor of PTSD symptoms.<sup>19</sup> Ozer et al. found that perceived life threat were stronger predictors of PTSD and showed a greater intensity of PTSD symptoms as well as a higher number of diagnostics.<sup>20</sup> Perceived threats to one's life was an even stronger predictor of PTSD when associated with interpersonal violence outside of combat. The importance of violence in predicting PTSD was deemed significant by other researchers. Norris et al. (2003) recent study in Mexico found that the majority of PTSD cases are associated with traumatic events involving violence.<sup>21</sup> Sleep deprivation combined with the traumatic stressors of terror, horror, helplessness, violence and threats to life are more

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<sup>16</sup> The Army Lessons Learned Center, "Stress Injury and Operational Deployments." *Dispatches: Lessons Learned for Soldiers*, Vol. 10, no 1 (Ottawa: Department of National Defence, 2004), 19-20.

<sup>17</sup> Colonel Richard A Hatton, "Stressors and Stresses on Peacekeeping Operations: Implications for Operational-Level Commanders," (Toronto: Canadian Forces College Advanced Military Studies Course Paper, 1998), 19.

<sup>18</sup> Charles R. Figley and William P. Nash, *Combat Stress Injury...*, 48.

<sup>19</sup> N. Sumer, A.N. Karanci, S. Kazak Berument and H. Gunes, "Personal Resources, Coping Self-Efficacy, and Quake Exposure as Predictors of Psychological Distress Following the 1999 Earthquake in Turkey," *Journal of Traumatic Stress*, Vol. 18, no. 4 (August 2005): 331-342; <http://www.web.ebscohost.com>; Internet; accessed 8 January 2009, 340.

<sup>20</sup> E.J. Ozer, S.R. Best, T.L. Lipsey and D.S. Weiss, "Predictors of Posttraumatic Stress Disorder and Symptoms in Adults...", 61.

<sup>21</sup> F.H. Norris, A.D. Murphy, C.K. Baker, J.L. Perilla, F.G. Rodriguez and J.J.G. Rodriguez, "Epidemiology of Trauma and Posttraumatic Stress Disorder in Mexico," *Journal of Abnormal Psychology*, Vol. 112, no. 4 (2003): 646-656; <http://www.web.ebscohost.com>; Internet; accessed 7 January 2009, 654.

challenging for individuals to manage and will increase individuals' vulnerability and predictability to PTSD. In the case of members, an individual worries not only of the threat to his or her life, but members also worry about the fact that their ability to fight will impact the threats of life of the other members of their unit.

The death of someone close is a severe stressor for individuals. Several studies found that the experience of death can cause psychological distress in combat.<sup>22</sup> The deaths of friends, soldiers and civilians have much greater implication than knowing about enemy casualties. Breslau, Kessler, Chilcoat, et al. (1998) found that bereavement is a significant factor in understanding the impact of traumatic events. In a high crime area such as Mexico, Norris et al. (2003) found that 3.4% of the adult population suffers from PTSD associated with bereavement.<sup>23</sup> According to Hobfoll et al. (1991), long exposure to the death and wounded increases the risk of PTSD.<sup>24</sup> Seeing cadavers after an incident can also increase the risks of psychological distress.<sup>25</sup> Recent research on Holocaust survivors has found that the prevalence of PTSD was twice as high in survivors which nations has suffered genocide versus other groups that experienced Nazi

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<sup>22</sup> T. Sawamura, T. Oryu, K. Shimizu, Y. Masaki, N. Kobayashi, M. Sugawara, T. Tsunado, A. Kikuchi, T. Yamamoto, H. Toda, S. Nomura, Y. Takahashi, T. Ogasawara and K. Ogata, "Mental Health in Japanese Members of the United Nations Peacekeeping Contingent in the Golan Heights: Effects of Deployment and the Middle East Situation," *American Journal of Orthopsychiatry*, Vol. 78, no. 1 (2008): 85-92; <http://www.web.ebscohost.com>; Internet; accessed 23 January 2009, 90.

<sup>23</sup> F.H. Norris, A.D. Murphy, C.K. Baker, J.L. Perilla, F.G. Rodriguez and J.J.G. Rodriguez. "Epidemiology of Trauma and Posttraumatic Stress Disorder in Mexico...., 654.

<sup>24</sup> S.E. Hobfoll, C.D. Spielberger, S. Breznitz, C. Figley, S. Folkman, B. Lepper-Green, D. Meichenbaum, N.A. Milgram, I. Sandler, I. Sarason and B. van der Kolk, "War-Related Stress...., 849.

<sup>25</sup> T. Sawamura, T. Oryu, K. Shimizu, Y. Masaki, N. Kobayashi, M. Sugawara, T. Tsunado, A. Kikuchi, T. Yamamoto, H. Toda, S. Nomura, Y. Takahashi, T. Ogasawara and K. Ogata, "Mental Health in Japanese Members of the United Nations Peacekeeping...., 90.



persecution without genocide.<sup>26</sup> Although it is an eventuality that every human will have to deal with, people do not want to discuss the subject of death. Canadian culture fears death and so do military members. Deaths occurring during deployment or as a result of an accident are extremely difficult on members. When death occurs as a result of a traumatic and/or violent event, it is more difficult for friends and family to deal with especially if they witnessed the incident. The trauma symptoms associated with violent death make the grieving process more difficult. Although dogmas promote talking about the loss of someone, research remains inconclusive as to the benefits or detriment of sharing ones feeling in situations involving a violent death.<sup>27</sup> Research points toward the importance of giving meaning to the death of someone as part of the bereavement process. Giving meaning to the loss of someone close is more difficult when the death occurred as the result of a violent or traumatic event. In combat operations, members may consider the death of another unit member as unnecessary, or they may blame themselves for the event. Such feelings would impede the grieving process and increasing the negative impact the events will have on the individual.<sup>28</sup> Seeing cadavers, causing death, witnessing the death of a friend or dealing with bereavement are all severe circumstances for members. Notwithstanding the importance of the type of difficulty

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<sup>26</sup> M. Lis-Turlejska, A. Luszczynska, A. Plichta and C.C. Benight, "Jewish and Non-Jewish World War II Child and Adolescent Survivors at 60 Years After War: Effects of Parental Loss and Age at Exposure on Well-Being," *American Journal of Orthopsychiatry*, Vol. 78, no. 3 (2008): 369-377; <http://www.web.ebscohost.com>; Internet; accessed 23 January 2009, 369.

<sup>27</sup> George A. Bonanno and Stacey Kaltman, "Toward and Integrative Perspective on Bereavement," *Psychological Bulletin*, Vol. 125, no. 6 (1999): 760-776; <http://www.web.ebscohost.com>; Internet; accessed 7 January 2009, 767.

<sup>28</sup> *Ibid.*, 770.

experienced by individuals, the degree of exposure to these stressors increases one's susceptibility to PTSD.

The elevated degree of exposure and the intensity of reactions during and after traumatic events will increase individuals' vulnerability to emotional distress and PTSD. The degree of exposure to stressors relates to how challenging events are for individuals to handle and manage. The degree of exposure is measured by the proximity of an individual to wearing events, the experience of previous traumas and/or subsequent traumas, and the coexistence of other stressors.<sup>29</sup> Members' closeness to the traumatic situations, first hand experiences versus second hand experiences, and the amount of involvement during the trauma will increase or decrease the impact that the situations have on military members and their vulnerability to psychological illnesses. Overall, the risk to develop psychological distress and PTSD increases with the length of time that military personnel remain in operations while being exposed to death, violence, and threat to their lives.<sup>30</sup> The susceptibility of members to PTSD increases when prior trauma experience or post trauma experience exist. Members experience various level of stress during a multitude of situations depending on the type of stressors and the degree of exposure. These two factors are directly related to the intensity of individuals' reaction during and after traumatic situations. The intensity of the reactions to strenuous circumstances increases people's susceptibility to PTSD.<sup>31</sup> Ozer et al. (2003) found that intense fear, helplessness, horror, guilt and shame, were stronger predictors of PTSD.

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<sup>29</sup> S.E. Hobfoll, M. Tracy and S. Galea, "The Impact of Resource Loss...", 869.

<sup>30</sup> S.E. Hobfoll, C.D. Spielberger, S. Breznitz, C. Figley, S. Folkman, B. Lepper-Green, D. Meichenbaum, N.A. Milgram, I. Sandler, I. Sarason and B. van der Kolk, "War-Related Stress...", 849.

<sup>31</sup> S.E. Hobfoll, M. Tracy and S. Galea, "The Impact of Resource Loss...", 869.

Such potent emotions correlated with stronger PTSD symptoms and higher number of diagnostics.<sup>32</sup> Members feeling responsible and guilty after the loss of personnel during combat operations situations or traumatic events will be at higher risk of psychopathology. The intensity of the reaction during a traumatic moment or shortly afterwards may be directly linked to the formation of intrusive memories, to the element of hyperarousal in PTSD symptoms, and also to the subsequent frequent recollection of those traumatic memories.<sup>33</sup> Elevated degree of exposure and intensity of reactions will increase individuals' susceptibility to psychological distress and PTSD. Dissociation following traumatic events will also make individuals more prone to psychological distress and PTSD.

Ozer et al. (2003) found that psychological dissociation at the time of the trauma or shortly afterwards was the most significant predictor of PTSD. Individuals reporting occurrence of peritraumatic dissociation showed significantly greater intensity of PTSD symptoms and a much higher number of diagnostics.<sup>34</sup> Dissociation has such strong correlation with PTSD that it may be the most important psychological aspect during a traumatic event and may directly impact the meaning given to the event along with the assessment at the time of the event.<sup>35</sup> An in-depth research on the methods and psychological training required for the prevention of dissociation during traumatic events may develop into an extremely efficient tool for members to increase psychological

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<sup>32</sup> E.J. Ozer, S.R. Best, T.L. Lipsey and D.S. Weiss, "Predictors of Posttraumatic Stress Disorder and Symptoms in Adults...", 63.

<sup>33</sup> *Ibid.*, 53.

<sup>34</sup> E.J. Ozer, S.R. Best, T.L. Lipsey and D.S. Weiss, "Predictors of Posttraumatic Stress Disorder and Symptoms in Adults...", 63.

<sup>35</sup> *Ibid.*, 69.

fitness and prevent PTSD. Solomon (1993) found that dissociation or distancing was a military members' way to prevent the overwhelming fear and threats from combat operations and wars.<sup>36</sup> To prevent and mitigate stressors and vulnerability factors, it is important for members to understand and recognize distress symptoms. Peritraumatic dissociation increases individuals' susceptibility to psychological distress and is a strong predictor of PTSD. In trying to mitigate and prevent PTSD through psychological fitness in the CF, it is important to understand the multiplicative effect that recurring exposures to traumatic events have on members.

Informing members of the impact of multitude exposures to trauma and the establishment of procedures to prevent or recover from such occurrences would be beneficial in decrease one's predisposition to PTSD. Norris et al. (2003) found that exposure to multiple traumas triples the amount of associated PTSD cases. In their research in Mexico, seven percent of the adult population suffer from PTSD after experiencing a single traumatic event. In comparison, 23 % of adults who have experienced multiple traumatic events (four or more) suffered from PTSD.<sup>37</sup> Dekel and Hobfoll (2007) advanced that previous exposure to trauma increases individuals' sensitivity and vulnerability during stressful and traumatic events.<sup>38</sup> The increased sensitivity and vulnerability will be link directly to the type of previous traumatic

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<sup>36</sup> Z. Solomon, *Combat stress reactions: The enduring toll of war* (New York: Plenum Press, 1993), 34.

<sup>37</sup> F.H. Norris, A.D. Murphy, C.K. Baker, J.L. Perilla, F.G. Rodriguez and J.J.G. Rodriguez. "Epidemiology of Trauma and Posttraumatic Stress Disorder in Mexico...", 654.

<sup>38</sup> R. Dekel and S.E. Hobfoll, "The impact of resource loss on Holocaust survivors facing war and terrorism in Israel," *Age and Mental Health* 11, no. 2 (March 2007): 159-167; <http://www.web.ebscohost.com>; Internet; accessed 12 January 2009, 164.

exposures, their intensity, and their impacts on the individual's.<sup>39</sup> Therefore, an individual ability to cope with a traumatic event in a healthy manner could reduce and prevent the exponential effect of previous traumas. The severity of emotional distress is determined by the level of threats, potential losses, the age of the individual, and the type of trauma.<sup>40</sup> Short lapse of time between trauma or multitude occurrence of trauma augments the severity of anguish. In contrast, the inoculation theory argues that previous experience of trauma will enhance individuals' capacity to cope with other similar situations.<sup>41</sup> Hobfoll et al. (2001) research contradicts the preventive capability of inoculation theory. Therefore, members can anticipate that the seriousness of psychological distress will increase because of previous exposure and experiences to traumatic events.<sup>42</sup> The abilities and capacities of members to successfully live through stressors, tolerate stress, and recognize symptoms of distress are an integral part of an individual's wellness and must be practised.

Members need to recognize the physical and emotional signs of distress in order to start the recovery process, ask for the support they need, and get medical assistance as required. When stress becomes distress, physical and emotional symptoms can appear. It is important for members to know and recognize the early signs of physical and emotional distress in order to take immediate actions to recover and prevent further psychological illnesses. Physical distress symptoms can be as simple as aches and pains,

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<sup>39</sup> E.J. Ozer, S.R. Best, T.L. Lipey and D.S. Weiss, "Predictors of Posttraumatic Stress Disorder and Symptoms in Adults...", 68.

<sup>40</sup> *Ibid.*, 68.

<sup>41</sup> R. Dekel and S.E. Hobfoll, "The impact of resource loss...", 159.

<sup>42</sup> S.E. Hobfoll, C.D. Spielberger, S. Breznitz, C. Figley, S. Folkman, B. Lepper-Green, D. Meichenbaum, N.A. Milgram, I. Sandler, I. Sarason and B. van der Kolk, "War-Related Stress...", 849.

quivering, trembling, squirming, or feeling weak in the knees. Distress individuals may be easily startled. Individuals may suffer from cold sweats, dry mouth, increased heart rate, and being out of breath. Feelings of dizziness, light-headedness, and tiredness may appear. The person may feel physically drained. Distress symptoms can manifest themselves in the digestive systems such as upset stomach, vomiting, diarrhoea, constipation and frequent urination. People may have a distant or daunting look and pale skin. Many individuals suffering from psychological distress and PTSD will seek relief in substance abuse. Physical signs of psychological distress are usually accompanied by emotional symptoms. Individuals may become anxious, easily irritable and have difficulty interacting with others. Some individuals may get anxious and anger easily. Individuals may have an increased difficulty in concentrating and remembering information. Insomnia, bad dreams, and feelings of guilt may be present.<sup>43</sup> Members need to recognize these physical and emotional signs of distress in order to act promptly to prevent the symptoms from aggravating and to prevent chronic PTSD. Members need to understand their abilities and capacities to deal with stressors and traumatic events as much as they need to recognize when psychological distress is present. People join the CF from all walks of life, with a myriad of experiences, and perhaps even previous psychopathology. Therefore, it is important for the CF to provide personnel with the tools required to maintain psychological wellness and prevent psychological distress.

Methods and tools to recover from previous history of trauma would provide new members with the means to increase and maintain their psychological wellness level. Hobfoll et al. (2006) found that individuals with previous psychopathology will be at

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<sup>43</sup> The Army Lessons Learned Center, "Stress Injury and Operational Deployments...", 9-10.

higher risks of psychological distress.<sup>44</sup> Previous psychopathology includes prior occurrence of PTSD, depression, anxiety disorders, and substance abuse. Physical and sexual abuses during childhood have lasting psychological social impact. Schumm et al. (2004) found that difficult childhood experiences put people at higher risk of developing PTSD at some point during their life.<sup>45</sup> People with a history of childhood abuse are at much higher risk of developing PTSD – 1.75 times higher and the severity of symptoms is greater.<sup>46</sup> The concealed emotional imbalance combined with lack of knowledge and capability to properly cope with the trauma increase individuals' vulnerability to any additional traumatic events.<sup>47</sup> Members with history of psychopathology will be at a disadvantage and will have increased difficulty to meet the demands during or in the aftermath of a traumatic situation, and will be affected in their ability to recover. New members will have fewer resources both in terms of coping strategies and psychological resiliency than more experienced ones, and therefore, will be at higher risk of distress during traumatic events. To provide members early on in their career with the methods and tools to recover from previous history of trauma would prevent PTSD. An increased acceptance and understanding of psychological distress and PTSD will focus the CF more towards preventative methods instead of focusing only on proper treatments. Early recognition of emotional distress symptoms is the key to a healthy recovery and self-healing process.

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<sup>44</sup> S.E. Hobfoll, M. Tracy and S. Galea, "The Impact of Resource Loss...", 868.

<sup>45</sup> J.A. Schumm, S.E. Hobfoll and N.J. Keogh, "Revictimization and Interpersonal Resource Loss Predicts PTSD Among Women in Substance-Use Treatment," *Journal of Traumatic Stress*, Vol. 17, no. 2 (April 2004): 173-181; <http://www.web.ebscohost.com>; Internet; accessed 12 January 2009, 178.

<sup>46</sup> *Ibid.*, 174.

<sup>47</sup> S.E. Hobfoll, M. Tracy and S. Galea, "The Impact of Resource Loss...", 868.

A better understanding of emotional distress and self-healing process would improve the likelihood of recovery after experiencing a traumatic event and prevent the occurrence of PTSD. According to Bonanno and Westphal, symptoms of psychological distress and inability to function properly will be present during a typical recovery from traumatic events. This phase which can last several months will hopefully be followed by the individual returning to their previous healthy emotional state and ability to function.<sup>48</sup> Research by Kanninen et al. (2002) suggested that choosing problem-focused coping strategies followed by strategies for enhance emotional recovery are part of the successful self-healing process.<sup>49</sup> Cognitive-behavioural therapy provides individuals suffering with PTSD with a new framework to deal with the trauma. The therapy transforms the cognitive link to the threats and terror of the event into a more controllable and functional behaviours.<sup>50</sup> If the initial assessment during a traumatic event can be changed to a realistic appreciation to help individuals to recovery from the event perhaps the wrongful assessment can be prevented. The question is how to improve, correct, and provide members with the tools to realistically assess traumatic situations particularly when confusion and violence are often present. Understanding emotional distress and the self-healing process would provide the necessary tools to successfully recovery after experiencing a traumatic event and prevent the occurrence of PTSD. Some research

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<sup>48</sup> M. Westphal and A. Bonanno, "Posttraumatic Growth and Resilience to Trauma: Different Sides of the Same Coin or Different Coins?" *Applied Psychology: An International Review* 56, no. 3 (2007): 417-427; <http://www.web.ebscohost.com>; Internet; accessed 12 January 2009, 421.

<sup>49</sup> K. Kanninen, R.-L. Punamaki and S. Qouta, "The Relation of Appraisal, Coping Efforts, and Acuteness of Trauma to PTS Symptoms Among Former Political Prisoners," *Journal of Traumatic Stress*, Vol.15, no. 3 (June 2002): 245-253; <http://www.web.ebscohost.com>; Internet; accessed 7 January 2009, 252.

<sup>50</sup> L.A. King, D.W. King, E.E. Bolton, J.A. Knight and D.S. Vogt, "Risk factors for mental, physical, and functional health in Gulf War veterans...", 405.



indicates the critical importance for individuals to express their experience in details in order to gain a true understanding of the events that transpired and maintain psychological welfare.<sup>51</sup>

The importance in sharing one's experience seems to lead to the requirement of debriefing techniques following stressful, traumatic, or deadly situations – but is CISD the proper method? Both Black, in 1988, and the Ombudsman, in 2001, recommended the use of Critical Incident Stress Debriefing (CISD) when members experienced high-stressed operations.<sup>52</sup> However, research regarding the validity or ill effect of CISD techniques showed contradictory results concerning the preventive capacity of CISD. Several studies showed that CISD was either ineffective, had adverse effects, or even worsen individual's psychological distress and PTSD.<sup>53</sup> Research by Kenardy in 2000, recommended to cease using debriefing methods.<sup>54</sup> A meta-analysis of single session debriefing after psychological trauma conducted in 2002, have found that “CISD has no efficacy in reducing symptoms of post-traumatic stress disorder and other trauma-related symptoms, and in fact suggest that it has a detrimental effect.”<sup>55</sup> Moreover, CISD can

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<sup>51</sup> S.E. Hobfoll, C.D. Spielberger, S. Breznitz, C. Figley, S. Folkman, B. Lepper-Green, D. Meichenbaum, N.A. Milgram, I. Sandler, I. Sarason and B. van der Kolk, “War-Related Stress...”, 850.

<sup>52</sup> A. Marin (Ombudsman), *Special Report: Systemic Treatment of CF Members...*, 125-126; and, Major E.R. Black, “Human Performance in Combat”..., 23-24.

<sup>53</sup> Y. Gidron, R. Gal, S. Freedman, I. Twiser, A. Lauden, Y. Snir, and J. Benjamin, “Translation Research Findings to PTSD Prevention: Results of a Randomized-Controlled Pilot Study,” *Journal of Traumatic Stress*, Vol. 14, no. 4 (2001): 773 -780; <http://www.web.ebscohost.com>; Internet; accessed 12 January 2009, 774.

<sup>54</sup> *Ibid.*, 774.

<sup>55</sup> A.A.P. Van Emmerik, J.H. Kamphuis, A.M. Hulsbosch and P.M.G. Emmelkamp, “Single session debriefing after psychological trauma: a meta-analysis,” *The Lancet*, Vol. 360 (September 2002): 766-771; <http://www.web.ebscohost.com>; Internet; accessed 12 January 2009, 769.

have a negative effect on an individual's resiliency.<sup>56</sup> The issue of CISD is outside of the scope of this research but does require further study to evaluate and determine benefits and deficiencies of CISD in preventing psychological distress and PTSD. Although it may be important to share traumatic experiences, CISD may not be a good method to help recover from traumatic events. People do not always recall traumatic events with accuracy and unnecessary self-blame often followed. Perhaps writing about traumatic experiences would help in the recovery process. More than just emotional distress, the intensity of trauma impacts the brain's perception, assessment, and recollection of the situation.

The comprehension of the brain's functions during traumatic events would help members better appreciate the complexity and physiological component of PTSD. The neurobiological process of memories will be discussed succinctly to offer a quick overview of the potential link between the intensity of the reactions during a traumatic event and the subsequent development of PTSD. Current research in the actual neurobiological process in response to acute stress and subsequent development of memories points to the involvement of the amygdale and hippocampus as the two areas of the brain responsible for the assessment and storage of potentially threatening situations. The hypothalamic-pituitary-adrenal (HPA) axis may be the main focus point in the initial development PTSD and its expansion in the chronic realm.<sup>57</sup> Members need

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<sup>56</sup> Lieutenant- Colonel M.J. Maltais "Operational stress injuries in the new asymmetrical battle spaces: Is it possible that there are new unidentifiable stressors in today's conflicts?" (Toronto: Canadian Forces College Advanced Military Studies Course Paper, 2005), 29.

<sup>57</sup> E.J. Ozer, S.R. Best, T.L. Lipsey and D.S. Weiss, "Predictors of Posttraumatic Stress Disorder and Symptoms in Adults...", 53.

to understand the physiological component of memory processing and the link in developing PTSD.

The neurobiological process of traumatic memories is such that traumatic events leave a particular imprint in the brain. The traumatic memory imprint is automatically accessed through odours, noises and surroundings similar to the original experience. The sensual interpretations of the information trigger individuals to respond as if they were experiencing the traumatic event all over again. “Specifically, traumatic events tend to imprint on the victim a memory for the event that alters the startle response to similar stimuli, is prolonged, is accompanied with the smells, sounds, and sites of the event, and is rekindled as if during the original event by associated stimuli.”<sup>58</sup> The neurobiological aspect of memory processing and its relation to PTSD is completely outside the scope of this paper. However, results of on-going research regarding both the memory process should be monitored by CF medical staff in the event that the knowledge gain and treatment methods developed would provide an effective and reliable means in preventing PTSD. The more psychological resources members have the better prepared they will be in facing traumatic events due to the loss of resources, be it physical or psychological, is another predictor of PTSD.<sup>59</sup>

In the prevention of PTSD and other psychological distress, it is necessary to increasing the psychological resources of members to help mitigate the impact of the loss

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<sup>58</sup> S.E. Hobfoll, “The Influence of Culture, Community, and the Nested-Self in the Stress Process: Advancing Conservation of Resource Theory,” *Applied Psychology: An International Review* 50, no. 6 (2001): 337-369; <http://www.web.ebscohost.com>; Internet; accessed 12 January 2009, 344.

<sup>59</sup> B.J. Hall, S.E. Hobfoll, P.A. Palmieri, D. Canetti-Nisim, O. Shapira, R.J. Johnson and S. Galea, “The Psychological Impact of Impending Forced Settler Disengagement in Gaza: Trauma and Posttraumatic Growth,” *Journal of Traumatic Stress*, Vol. 21, no. 1 (February 2008): 22-29; <http://www.web.ebscohost.com>; Internet; accessed 5 January 2009, 22.

of resources that occurs during highly stressful conditions. Hobfoll's (2001) research showed that resources loss was the best predictor of PTSD.<sup>60</sup> In 2006, research by Hobfoll and Galea also found resource loss to be the greatest predictor of PTSD.<sup>61</sup> Hobfoll (2001) established that the loss of resources directly affected the reactions to traumatic events and that the continuous lack or loss of resources had a constant negative influence and lasting effects on individuals.<sup>62</sup> Hobfoll, Canetti-Nisim, & Johnson (2006) found that the loss of resources hamper an individual's resiliency and ability to recover during and after experiencing a traumatic event.<sup>63</sup> Individual suffering from PTSD may have lost the resources required for them to recover from the disorder. The risk level for PTSD is far greater when the significance of the loss is elevated or when the threat of loss severe.<sup>64</sup> In other words, resource loss is a strong predictor of PTSD even when taking into consideration other key predictors previously discussed.<sup>65</sup> Therefore, in increasing the psychological resources of members, psychological fitness will reduce PTSD. Of all the stressors, potential vulnerabilities, and reactions to traumatic events the gender difference in the likelihood for PTSD needs to be addressed.

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<sup>60</sup> S.E. Hobfoll, "The Influence of Culture, Community, and the Nested-Self...", 346.

<sup>61</sup> S.E. Hobfoll, M. Tracy and S. Galea, "The Impact of Resource Loss...", 868.

<sup>62</sup> S.E. Hobfoll, "The Influence of Culture, Community, and the Nested-Self...", 347.

<sup>63</sup> S.E. Hobfoll, D. Canetti-Nisim and R.J. Johnson, "Exposure to terrorism, stress-related mental health symptoms, and defensive coping among Jews and Arabs in Israel," *Journal of Consulting and Clinical Psychology*, Vol. 74, no. 2 (2006): 207-218; <http://www.web.ebscohost.com>; Internet; accessed 7 January 2009, 215.

<sup>64</sup> S.E. Hobfoll, C.D. Spielberger, S. Breznitz, C. Figley, S. Folkman, B. Lepper-Green, D. Meichenbaum, N.A. Milgram, I. Sandler, I. Sarason and B. van der Kolk, "War-Related Stress...", 848.

<sup>65</sup> S.E. Hobfoll, M. Tracy and S. Galea, "The Impact of Resource Loss...", 874-875.

Generally, women are more at risk than men to experience PTSD. However, military training provides an equalization factor and the difference between men and women reactions are not as pronounced in the military as it is in the civilian population. In Ozer et al. (2003) research on predictors of PTSD, results showed that women were twice as likely as men to suffer from PTSD.<sup>66</sup> According Norris et al. (2003) the increased vulnerability to PTSD for women was twice as high comparable to men even after considering that men are more likely to experience a higher rate of traumatic events such as armed combat, life-threatening incidents and physical attacks.<sup>67</sup> Although Norris et al. do not provide the reasons behind the gender differences; they showed that the difference was most evident when comparing traumatic events involving high levels of terror and helplessness. Hobfoll and Galea (2006) advanced that women are more at risk of emotional and psychological distress because of the manner in which they process emotions which differs from the way men process emotions.<sup>68</sup> Solomon's research is in agreement; women are more at risk for PTSD because they fear more and have poorer coping strategies.<sup>69</sup> As indicated, research indicates that women are twice as likely as men to suffer from PTSD. However, is the increased risk of PTSD for women dependent on the situation or consistent regardless of the traumatic event?

In a recent meta-analysis conducted by Tolin & Foa (2006), 25 years of research was compiled to determine if the increased risk of women to suffer PTSD was isolated or

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<sup>66</sup> E.J. Ozer, S.R. Best, T.L. Lipse and D.S. Weiss, "Predictors of Posttraumatic Stress Disorder and Symptoms in Adults...", 54.

<sup>67</sup> F.H. Norris, A.D. Murphy, C.K. Baker, J.L. Perilla, F.G. Rodriguez and J.J.G. Rodriguez. "Epidemiology of Trauma and Posttraumatic Stress Disorder in Mexico...", 646.

<sup>68</sup> S.E. Hobfoll, M. Tracy and S. Galea, "The Impact of Resource Loss...", 869.

<sup>69</sup> Z. Solomon, *Coping with war-induced stress* (New York: Plenum Press, 1995), 92.

a truly consistent assessment. One of the hypotheses advanced by Tolin & Foa was that the intensity of trauma experienced by women explained their increased predication to PTSD.<sup>70</sup> However, this hypothesis was not proven during the study. On the contrary, men seemed to have experienced more violent and life-threatening events.<sup>71</sup> The results of Tolin & Foa's research showed that the risks for women to suffer from PTSD were twice as high as men, even if women were less likely to experience a traumatic event.<sup>72</sup> However, Tolin & Foa found that the frequency of sexual assault and child sexual abuse was significantly higher in women than in men.<sup>73</sup> This may explain some of the higher risk factors in women, but this explanation alone cannot account for the gender difference. Tolin & Foa's studies showed that men were more likely to experience the trauma of war, combat, disaster, fire, and to witness deaths and injuries.<sup>74</sup> Therefore, according to the most significant stressors and predictors of PTSD, the likelihood of men suffering from PTSD should be higher than women. However, Tolin & Foa's results still showed that overall women are twice as likely as men to suffer from PTSD.<sup>75</sup> Perhaps Norris et al. explanation of the gender difference based on the manner in which women process emotions has some validity. Perhaps the explanation rests with the HPA and memory processing in women. Although women's vulnerability to PTSD seems

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<sup>70</sup> D.F. Tolin and E.B. Foa, "Sex Difference in Trauma and Posttraumatic Stress Disorder: A Quantitative Review of 25 years of Research," *Psychological Bulletin*, Vol. 132, no. 6 (2006): 959-992; <http://www.web.ebscohost.com>; Internet; accessed 23 January 2009, 959.

<sup>71</sup> *Ibid.*, p. 964.

<sup>72</sup> *Ibid.*, p. 963.

<sup>73</sup> *Ibid.*, p. 967.

<sup>74</sup> D.F. Tolin and E.B. Foa, "Sex Difference in Trauma...", 968.

<sup>75</sup> *Ibid.*, 977.

twice as high as men in most traumatic circumstances, this observation is not evident in the military.

Be it the culture, unit cohesion, unit support, or training, something particular to the military negates the gender difference and likelihood of women suffering from PTSD. The different results found by Tolin & Foa's research showed a gender difference in predication to PTSD in the civilian population, but gender difference between men and women combat veterans suffering from PTSD was absent.<sup>76</sup> The fact that an equalization factor exists in the military reducing the gender differences in the risk levels to suffer from PTSD is very encouraging. Further research to determine the equalization factors is required for the military to profit from the knowledge and application to increase resiliency of all its members. Knowledge brings confidence and reduces uncertainties.<sup>77</sup> It can be hypothesised that military training is an important component in reducing gender difference. It can also be hypothesis that psychological fitness training would have an extremely positive impact on members and that the knowledge, theories, coping strategies, and practices offered would reduce the occurrence of PTSD in the CF. Military culture, unit cohesion, unit support, and military training surely play a role in negating gender difference and likelihood of women suffering from PTSD. The preventative impact of military culture, unit cohesion, unit support, and military training will be demonstrated in the following chapters. The potential exists for the CF to create a venue that decreases the likelihood of members to suffer from PTSD by increasing

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<sup>76</sup> *Ibid.*, 969.

<sup>77</sup> W. Von Greyerz, *Psychological of Survival Human: Reactions to the Catastrophes of War*. (Amsterdam: Elsevier Publishing Company, 1962), 89.

members' knowledge and understanding of various coping strategies, self-efficacy, and psychological fitness.

### **COPING STRATEGIES, APPRAISAL, SUPPORT AND RESOURCES**

To prevent PTSD, individuals need to be able to use various coping styles, know their capabilities, and realize the impact of appraisal and resource loss during and after traumatic events. Coping with stressful situations or traumatic events should be viewed as a array of intensity, strategies and outcomes instead of a black and white, or ability to deal or not with the situation. Understanding PTSD increases awareness. Having the ability, resources and motivation signifies that the individual is actively facing the challenge or challenges at hand. Certain people will be more comfortable using certain coping strategies and at the same times certain coping strategies may be more effective for certain types of individuals. To be more flexible and adaptable, members must become familiar in using various coping strategies and differentiate between successful and unsuccessful methods. Individuals believing in their ability to positively impact current and future situations have greater psychological resources. Therefore, it is psychologically beneficial for members to be confident that the actions they are taking will produce positive results. Reports showed that people with superior quantity of personal resources tend to have an elevated level of coping self-efficacy which in turn diminishes their susceptibility to emotional distress.<sup>78</sup> Being able to realistically assess the situation, appraise the threats, and mitigate resource loss are crucial in the prevention

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<sup>78</sup> N. Sumer, A.N. Karanci, S. Kazak Berument and H. Gunes, "Personal Resources, Coping Self-Efficacy, and Quake Exposure as Predictors of Psychological Distress...", 338.



of PTSD. Individuals who are able to maintain their “armamentarium of resources” have greater potential to maintain their abilities to cope with traumatic events and decrease their risk of PTSD.<sup>79</sup> Understanding our personality traits and knowing our own coping capabilities is psychologically beneficial.<sup>80</sup>

In preventing PTSD, one needs to realize the implication of their personality in increasing or decreasing their coping abilities. The type of coping strategy used and the effectiveness of coping efforts may be directly related to the personality of the individual. Personality traits such as self-esteem, optimism, and the perception of personal control over events are personal resources mitigating the impact of stress and reduce the possibility of emotional distress.<sup>81</sup> Westphal and Bonanno (2007) research suggested that self-enhancement is significantly beneficial for individuals facing the most traumatic, critical and violent losses.<sup>82</sup> Members with unequivocal belief in their abilities and the capabilities of their unit will tolerate stressors and traumatic events better. Maintaining a sense of self-esteem, self-mastery, optimistic approach, and control over events increase individuals’ adaptability during and after traumatic events.<sup>83</sup> In other words, self-enhancement proves to be a positive adaptation to traumatic events and reduced PTSD symptoms. The benefits of self-enhancement remain true despite the secondary effects of annoying other people socially. To prevent PTSD, members need to realize the

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<sup>79</sup> S.E. Hobfoll, M. Tracy and S. Galea, “The Impact of Resource Loss...”, 875.

<sup>80</sup> K. Kanninen, R.-L. Punamaki and S. Qouta, “The Relation of Appraisal...”, 252.

<sup>81</sup> N. Sumer, A.N. Karanci, S. Kazak Berument and H. Gunes, “Personal Resources, Coping Self-Efficacy, and Quake Exposure as Predictors of Psychological Distress...”, 332.

<sup>82</sup> M. Westphal and A. Bonanno, “Posttraumatic Growth and Resilience...”, 422.

<sup>83</sup> *Ibid.*, 422.

importance of self-confidence in increasing their adaptability and coping abilities during traumatic events. Most members will undoubtedly have to face a critical or traumatic event once or several times in their career. Knowing the difference between valuable and unproductive coping strategies will prove important in the prevention of psychological distress and PTSD.

The ability to discriminate between effective and ineffective coping strategies in various stressful and combat situations is an important asset for members in preventing PTSD. Several coping strategies are linked to a greater probability in experiencing PTSD. Guilt and shame were found to enhance individuals' vulnerability and susceptibility.<sup>84</sup> People feeling self-blame and guilt will experience reduced effectiveness in coping with a traumatic event.<sup>85</sup> Members suffer from self-blame and guilt when search and rescue or combat operations failed and casualties occurred. Self-blame and guilt is one of the most toxic feelings and can take a long time to eradicate. Equally important, blaming and lashing out at others is just as ineffective. Using cynicism and excessive pessimism about the present and future as a coping strategy will prove to be unsuccessful.<sup>86</sup> Certain coping techniques may aggravate the traumatic reactions to situations and put the individual at a greater risk of psychological distress. For example, prolonged social isolation strengthens the possibility of emotional distress<sup>87</sup>

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<sup>84</sup> Lisa D. Butler, "Growing Pains: Commentary of the Field of Posttraumatic Growth and Hobfoll and Colleagues' Recent Contributions to it," *Applied Psychology: An International Review*, 56 (3) (2007): 367-378; <http://www.web.ebscohost.com>; Internet; access 12 January 2009, 375.

<sup>85</sup> S.E. Hobfoll, C.D. Spielberger, S. Breznitz, C. Figley, S. Folkman, B. Lepper-Green, D. Meichenbaum, N.A. Milgram, I. Sandler, I. Sarason and B. van der Kolk, "War-Related Stress....", 852.

<sup>86</sup> *Ibid.*, 852.

<sup>87</sup> *Ibid.*, 853.

and long-term avoidance in dealing with problems increase the susceptibility to emotional and psychological distress.<sup>88</sup> All these ineffective coping strategies will increase members' vulnerability to PTSD. People with limited understanding and coping resources tend to use more emotion-focused coping strategies which are not always efficient, and they tend to assess the situation as uncontrollable which increases the probability of PTSD.<sup>89</sup> Avoidance during difficult times is sometimes caused by a sense of low coping abilities and a sense of limited capability to make a positive impact on the situation.<sup>90</sup> In such instances, Benight et al. (1999) found that individuals with low coping self-efficacy showed more prevalent symptoms of PTSD and psychological distress even one or two years after the traumatic event.<sup>91</sup> Hobfoll, Canetti-Nisim, & Johnson (2006) explain this phenomenon in terms of loss of resources that hamper resiliency and recovery in the face of traumatic events.<sup>92</sup> Members' capability to use effective coping strategies versus ineffective coping strategies will increase their ability to prevent PTSD. How individuals react during and after traumatic situations, along with their level of emotional distress, will affect the effectiveness of their coping strategies and shape their future psychological wellness or illness. Knowledge, understanding, and trust in one's abilities are important psychological resources that should be nurtured and trained throughout a military career.

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<sup>88</sup> *Ibid.*, 852.

<sup>89</sup> K. Kanninen, R.-L. Punamaki and S. Qouta, "The Relation of Appraisal...", 252.

<sup>90</sup> S.E. Hobfoll, C.D. Spielberger, S. Breznitz, C. Figley, S. Folkman, B. Lepper-Green, D. Meichenbaum, N.A. Milgram, I. Sandler, I. Sarason and B. van der Kolk, "War-Related Stress...", 852.

<sup>91</sup> Ref 11, p. 111.

<sup>92</sup> S.E. Hobfoll, D. Canetti-Nisim and R.J. Johnson, "Exposure to terrorism...", 215.

A high level of psychological resources increases coping efficacy and can help mitigate the risks of PTSD. Coping self-efficacy is an important resource which can provide resiliency during traumatic circumstances or improve the chance of recovery.<sup>93</sup> People who cope effectively have a sense of personal ability to influence their environment.<sup>94</sup> Self-efficacy is not only with regards to the individual, but occurs in interaction with others.<sup>95</sup> To be effective, people need both empowerment and resources; to have one without the other will not produce any results.<sup>96</sup> The process of appraisal, coping strategies, and the regulation of emotions to concentrate individual's efforts on proper and effective actions may in turn help increase someone's sense of self-efficacy and self-esteem.<sup>97</sup> However, it is important to note that the ability to be flexible in appraising and adapting to the traumatic situation is an extremely important factor in ensuring a positive and healthy outcome from the event.<sup>98</sup> Members should be trained in a variety of coping methods and strategies to increase their coping self-efficacy and adaptability to the ever changing and demanding environment. Individuals who have one of the key resources are more likely to have others. The reverse is also true. For

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<sup>93</sup> C.C. Benight, G. Ironson, K. Klebe, C.S. Carver, C. Wynings, K. Burnett, D. Greenwood, A. Baum and N. Schneiderman, "Conservation of Resources and Coping Self-Efficacy Predicting Distress Following a Natural Disaster: A Causal Model Analysis Where the Environment Meets the Mind," *Anxiety, Stress, and Coping* 12, (1999): 107-126; <http://www.web.ebscohost.com>; Internet; accessed 5 January 2009, 109-110 & 123.

<sup>94</sup> S.E. Hobfoll, C.D. Spielberger, S. Breznitz, C. Figley, S. Folkman, B. Lepper-Green, D. Meichenbaum, N.A. Milgram, I. Sandler, I. Sarason and B. van der Kolk, "War-Related Stress...", 852.

<sup>95</sup> F.H. Norris and S.P. Stevens, "Commentary on Five Essential Elements of Immediate and Mid-Term Mass Trauma Intervention: Empirical Evidence," *Psychiatry: Interpersonal & Biological Process* 70, no. 4 (Winter 2007): 320-328; <http://www.web.ebscohost.com>; Internet; accessed 12 January 2009, 323.

<sup>96</sup> *Ibid.*, 324.

<sup>97</sup> M. Westphal and A. Bonanno, "Posttraumatic Growth and Resilience...", 424.

<sup>98</sup> *Ibid.*, 424.

example, individuals with self-efficacy are more likely to obtain social support whereas people lacking self-efficacy and interpersonal skills are less likely to be able to reach out and obtain support. This in turn, starts a downward spiral of negative effects and amplifies the likelihood of emotional and psychological distress.<sup>99</sup> It is important for the CF to ensure that members have the psychological resources necessary to reduce the risks of PTSD and boost the likelihood of psychological wellness. During traumatic events, the assessment of threats, amount of loss and individual's ability to cope will influence the resilience or susceptibility to PTSD.

In facing a traumatic experience, the individual appraisal of the situation, the perception of loss or potential loss, and the flexibility in coping strategies will be factors in preventing, mitigating or increase the probability of PTSD. It's not the situation as much as your perception of the situation that is most important.<sup>100</sup> The appraisal-based theory of stress and the importance of self-perception were first introduced by Lazarus (1966) and further developed by Lazarus and Folkman (1984).<sup>101</sup> During traumatic events, people instantly evaluate the significance, potential threats, and controllability of the situation. The initial assessment will determine how individuals will react to the events. According to Lazarus (1991) people either choose a coping strategy to control the traumatic event or to change their emotional reactions to the trauma. Therefore, the role of leaders in ensuring that members are properly informed and have a realistic understanding of the situation is critical. Without the complete picture, members may

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<sup>99</sup> S.E. Hobfoll, "The Influence of Culture, Community, and the Nested-Self...", 350.

<sup>100</sup> K. Kanninen, R.-L. Punamaki and S. Qouta, "The Relation of Appraisal...", 251.

<sup>101</sup> S.E. Hobfoll, "The Influence of Culture, Community, and the Nested-Self...", 340.

come to a false assessment and wrong conclusion. The faulty appraisal will significantly impact the member's actions and may result in a negative emotional state, feeling of guilt and even distress. Leaders need to be cognisant of this reality, disseminate all information available, and ensure that faulty assessments are corrected soonest. The initial assessment of the situation is important because it will determine, along with coping abilities and social support, if the traumatic events will result in psychological distress or not.<sup>102</sup> The importance in understanding the factors increasing psychological wellness and being able to adapt during traumatic events to prevent psychological distress cannot be overstated. The flexibility in being able to appraise the threats, shortfalls and benefits of a situation and having the tools to cope with them will reduce occurrence of PTSD. Westphal and Bonanno (2007) described the process as appraisal-based flexibility. Appraisal-based flexibility increases resiliency by increasing an individual's sense of mastery, skills, ability, and dedication, amongst several other positive self-determinations. Appraisal-based flexibility helps individuals to preserve or regain their sense of self-esteem during and following a traumatic event.<sup>103</sup> Therefore, the individual realistic appraisal of the event, the proper assessment of resource loss and potential loss, and the adaptability will influence the prevention and mitigation of PTSD. Appraisal based theory is important to comprehend because of the impact of the initial assessment on individuals; however, appraisal-based theory in itself does not completely explain the occurrences of PTSD.

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<sup>102</sup> K. Kanninen, R.-L. Punamaki and S. Qouta, "The Relation of Appraisal...", 245.

<sup>103</sup> M. Westphal and A. Bonanno, "Posttraumatic Growth and Resilience...", 424.

Although providing an important venue in the prevention of PTSD, appraisal-based theories do not present an all-inclusive answer to PTSD prevention. According to Hobfoll's (2001) research, appraisal-based theories lack on two main points. Primarily, appraisal-based theories have limited predictive value since research must be conducted after an event and rely on people's recollection of their assessment at the time of the event. Secondly, appraisal-based theory focused mostly on the individual particularity in the appraisal of the event and disregards the potential and important impact that learned, shared and cultural environment affecting someone's views.<sup>104</sup> Hobfoll insisted that individuals' assessments are the results of the social and cultural tapestry surrounding the individual. Hobfoll added that the assessment of the traumatic situation is of lesser importance than the instinctual and learned process framed by the social and cultural knowledge of the individuals.<sup>105</sup> Being an automatic reaction and cognitive appraisal of the situations, members' knowledge and understanding of the importance of their perception, ability to cope, and choice of coping strategies will increase the likelihood of maintaining psychological wellness during traumatic events. However, Hobfoll's views on the importance of culture in the assessment of traumatic events is worth considering as it may provide further explanation for the prevention of PTSD.

Culture frames individuals perception of their environment and provide another approach in the prevention of PTSD. Therefore, military culture has a direct influence on members' ability to appraise, react, cope, and recover from traumatic events. The trauma, emotional distress or psychological distress resulting from a traumatic event will

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<sup>104</sup> S.E. Hobfoll, "The Influence of Culture, Community, and the Nested-Self...", 341

<sup>105</sup> *Ibid.*, 341.

be more severe when the situation went against an individual's cultural beliefs and notions. Furthermore, three basic life principals are generally accepted throughout the world. People believe in the concept of compassion, humanity, and a sense of self.<sup>106</sup> Traumatic events challenging, threatening or obliterating these main tenets would strike individuals to their very core. Regardless of the situation, processing and assessing information is done through the framework of the belonging culture.<sup>107</sup> Emotions and behaviours are altered based on individual's cultural standards. The assessment process in the face of a situation, especially in threatening and dangerous circumstances, happens quickly. Individuals can make a complex assessment in milliseconds which attests to the depth of imprints of cultural patterns.<sup>108</sup> In fact, the initial evaluation during precarious situations can occur in as little as 24 milliseconds.<sup>109</sup> Given that culture is such a predominant factor in individuals' perception and mental thought process means that military culture has a tremendous impact on every member of the CF. From a PTSD prevention point of view, military culture will either impede or generate psychological wellness. Military culture should emphasis the importance of psychological fitness and should provide programs to achieve it. Hobfoll argued that the cultural impacts on the appraisal of stressful situations are of such importance that it warrants further study. In Hobfoll's view, the conservation of resources theory provides the basis to evaluate the process of mutual assessments of threats to resources and loss of resources within

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<sup>106</sup> B.J. Hall, S.E. Hobfoll, P.A. Palmieri, D. Canetti-Nisim, O. Shapira, R.J. Johnson and S. Galea, "The Psychological Impact of Impending Forced Settler Disengagement in Gaza...", 23.

<sup>107</sup> S.E. Hobfoll, "Been Down So Long, It Looks Like Up...", 18.

<sup>108</sup> *Ibid.*, 19.

<sup>109</sup> *Ibid.*, 19.



individuals of the same culture or the same unit.<sup>110</sup> Military culture frames members' perceptions and assessments during traumatic situations and will either be part of the problem or part of the solution in preventing PTSD. The CF's culture can be shape to prevent PTSD because individuals and culture are adaptable and recalibrate as required.

The new environments, resources, and threats during military deployment will force members to adapt and recalibrate; by the same token, the return to the peaceful, plentiful and save environment in Canada will also required an adaptation period to allow members to recalibrate. The adaptive process of recalibration increases chances of survival and minimize the sense of loss.<sup>111</sup> The recalibration process will also occur in military units before, during, and after a deployment. During deployment in combat operations, military culture will have a primordial importance in the survival of the members and their assessments of the new environment. New situations challenging culturally automated realities will not significantly alter the culture initially. However as these challenges continue, the culture, the unit, and the individual will recalibrate to the new realities of their environment. As the unit calibrates and adapts in deployment, many actions and reactions to previously unknown and unseen threats and dangers will become automatic and part of the members' daily lives. Upon their return home, members will have to recalibrate and readapt to their old cultures and surroundings. The extreme differences from one environment to the other make the changes challenging at times. The CF answered this challenge by establishing Third Location Decompression (TLD). TLD allows military members to begin the recalibration process from living in a

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<sup>110</sup> S.E. Hobfoll, "Been Down So Long, It Looks Like Up...", 17.

<sup>111</sup> *Ibid.*, 20-21.

threatening environment to the return to the peaceful conditions. The importance of culture on the continuous mental assessment and recalibration process should be given attention in order to facilitate the process and eliminate distress. Since appraisal, culture and psychological wellness go hand in hand, to train members throughout their career is crucial to ensure proper and adequate response to the demands of military life. The cultural importance in individuals' ability to assess, cope, and recover from traumatic events is a perfect combination with military culture and the importance of group cohesion.

Social support is a crucial component in members' psychological wellness, a core requirement in recovery from psychological distress, and a key component in preventing PTSD. Ozer et al. (2003) results showed that support received following a traumatic event had a significant impact in reducing the intensity of PTSD symptoms as well as reducing the number of diagnostics. The importance of on-going support was stronger when more time had passed between the traumatic event and the research assessment.<sup>112</sup> Individuals with more social support have lower risks of psychological distress after traumatic events. The support individuals receive both in the domain of emotional support and instrumental support help negate the effects from the traumatic experience. Social support improves an individual's emotional and life conditions level, and is an integral part of the recovery process following a traumatic situation.<sup>113</sup> An important factor of social support is the individual satisfaction with the support which can be subjective and irrelevant of the actual support provided. Personnel may feel supported in

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<sup>112</sup> E.J. Ozer, S.R. Best, T.L. Lipsey and D.S. Weiss, "Predictors of Posttraumatic Stress Disorder and Symptoms in Adults...", 61.

<sup>113</sup> S.E. Hobfoll, M. Tracy and S. Galea, "The Impact of Resource Loss...", 869.

an environment offering minimal support while others may feel that they are not receiving the expected level of support although they are in an environment offering a lot of support.<sup>114</sup> Social support is a crucial component in members' psychological wellness, a core requirement in recovery from psychological distress, and a key component in preventing PTSD. However, the condition of individuals suffering from PTSD makes receiving support challenging.

The change in personality, emotional distress, and debilitating effects of PTSD can quickly drain the social support available to individuals suffering from PTSD. Hobfoll et al. (2006) questioned if the more aggressive nature of PTSD may add an alienating component on the support system of individuals.<sup>115</sup> King et al. (2006) research showed that PTSD had a stronger impact in reducing the social support available than social support had in reducing PTSD.<sup>116</sup> In other words, the severity of PTSD symptoms had a direct effect in reducing the level of social support available to those individuals. Interestingly, King et al.'s research showed that the lack of social support in increasing the chronicity of PTSD or in preventing the recovery from PTSD was not as significant. King et al.'s research seems to indicate that although social support can be important in preventing PTSD, the lack of support may not be as significant as initially perceived in increasing the probability of PTSD. Other research showed divergent results. According

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<sup>114</sup> R. Johnson, S.E. Hobfoll and A. Zalcberg-Linetzy, "Social Support Knowledge and Behavior and Relational Intimacy: A Dyadic Study," *Journal of Family Psychology*, Vol. 6, no. 3 (1993): 266-277; <http://www.web.ebscohost.com>; Internet; accessed 12 January 2009, 273-274.

<sup>115</sup> S.E. Hobfoll, D. Canetti-Nisim and R.J. Johnson, "Exposure to terrorism...", 215.

<sup>116</sup> D.W. King, L.A. King, C. Taft, C. Hammond and E.R. Stone. "Directionality of the Association Between Social Support and Posttraumatic Stress Disorder: A Longitudinal Investigation," *Journal of Applied Social Psychology* 36, no. 12 (2006): 2980-2992; <http://www.web.ebscohost.com>; Internet; accessed 23 January 2009, 2985.

to Schumm et al. (2004), the initial difficulties and individuals requirements following traumatic events can reduce the availability of social support which can increase psychological distress.<sup>117</sup> One's ineffective coping methods may exacerbate their social support and in turn increase their psychological distress creating a downward spiral between the lack of social support and PTSD.<sup>118</sup> Furthermore, the social support factor may have an increased significance when considering gender. The lack of support would more severely affect women and increase their vulnerability or reduce their ability to recover from PTSD than it would for men; further research on the subject is on-going.<sup>119</sup> Although the level of impact may be controversial, the change in personality, emotional distress, and debilitating effects of PTSD can reduce the social support available to individuals suffering from PTSD and impede recovery. What is social support?

Social support in the prevention and recovery of PTSD is important on two fronts. First, the most important and critical factor is the availability of support and the level of support provided within an intimate relationship.<sup>120</sup> Johnson et al. (1993) research showed that a higher level of intimacy, which is described as the level of attention, affirmation and appreciation received, and the ability to speak openly and share freely between people in close relationship directly impacted the satisfaction level of support received.<sup>121</sup> Therefore, healthy intimate relationships and close friendships

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<sup>117</sup> J.A. Schumm, S.E. Hobfoll and N.J. Keogh, "Revictimization...", 174.

<sup>118</sup> *Ibid.*, 173.

<sup>119</sup> D.W. King, L.A. King, C. Taft, C. Hammond and E.R. Stone. "Directionality of the Association Between Social Support and Posttraumatic Stress Disorder...", 2987-2988.

<sup>120</sup> S.E. Hobfoll, C.D. Spielberger, S. Breznitz, C. Figley, S. Folkman, B. Lepper-Green, D. Meichenbaum, N.A. Milgram, I. Sandler, I. Sarason and B. van der Kolk, "War-Related Stress...", 851.

improve the capability of members to cope, recover and prevent PTSD after experiencing a traumatic event. Second, the support received from an organization, i.e. belonging to a unit, is also important to help individuals cope with trauma. Support provided to members by their unit has even greater significance and importance given the fact that members find it extremely difficult, if not impossible, to openly share with their spouses the horror, fear, helplessness, guilt and shame they have experienced during combat operations. Such subjects are difficult to discuss between members, but are more often approachable between individuals of the same unit. The combination of unit and family support is crucial for members to process and find meaning behind the trauma, manage the emotional distress of the traumatic event, and handle the associated anguish, intrusive memories and nightmares.<sup>122</sup> To be effective in the prevention and recovery of PTSD, social support must be received from close and intimate relationship, and also from the organization that individuals belong to. The most significant social support extends from the close relationships within family and friends.

To effectively prevent PTSD, the CF needs to consider the pivotal role that social support from family and friends has on members' ability to cope and recover from traumatic events and PTSD. Close and intimate relationships between two people are complex and not all of them offer a warm and strong level of support. Long absence from a partner can strain relationships. The spouse who remained behind may not be able or willing to offer the support required by members because they themselves feel that they should be supported after being left alone for long periods. The symptoms of PTSD

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<sup>121</sup> R. Johnson, S.E. Hobfoll and A. Zalcberg-Linetzy, "Social Support Knowledge..., 272.

<sup>122</sup> E.J. Ozer, S.R. Best, T.L. Lipsey and D.S. Weiss, "Predictors of Posttraumatic Stress Disorder and Symptoms in Adults..., 66-67.

will further complicate the problem. These difficulties will amplify the challenges of providing support, but will not negate the pivotal importance of support from close relationships. For close family and friends to know the actions and behaviours that will successfully provide support enhances the likelihood of an individual to offer support. Conversely, knowing that someone dear can successfully provide support will increase the level of wellbeing of an individual even when no actions are taken. Research shows that knowledge of one's partner ability to offer support in times of need is sufficient to increase the feeling of intimacy and the perception of support. With regards to family support, a positive degree of intimacy increases the level of satisfaction towards the support received.<sup>123</sup> In turn, the stronger the intimacy the more partners' are satisfied with the support received.<sup>124</sup> Given the pivotal role that family and friends have in the recovery and prevention of PTSD, the CF should educate spouses on what to expect, and how they can best support members that have experienced or are experiencing a traumatic event. Part of the social support available to military personnel and their families are the Military Family Resource Centers.

Assistance, education, and training for family and friends in preventing illness and contributing to the recovery process of PTSD can be provided through the Military Family Resource Centers (MFRCs). MFRCs services vary depending on their location and the requirements of the personnel that they serve. As members and their families are posted, the services offered by MFRCs will differ. The needs of members and their families will be better served in some areas than others. However, assistance, education,

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<sup>123</sup> R. Johnson, S.E. Hobfoll and A. Zalcborg-Linetzy, "Social Support Knowledge...", 273.

<sup>124</sup> *Ibid.*, 272.

and training regarding the importance of family and friends and the pivotal support role that they play in helping members cope and recover from traumatic events should be provided by all MFRCs. The various services offered and the differences between each MFRCs are beyond the scope of this paper, but may nevertheless have a role to play in the prevention of PTSD. Outside of family and friends, belonging to an organization and receive support from other members will have an impact in individuals ability to cope, recover and prevent PTSD occurrences.

The importance of support in the recovery and healing process following a traumatic event speaks directly to the impact that units have on their members. A cohesive and supporting unit will reduce the amount of PTSD following combat stressors and other traumatic events, and help in the recovery of individuals who will suffer from PTSD. Mental health professionals agree that support provided by the member's unit is a critical component in the member's recovery from PTSD.<sup>125</sup> Sadly, one of the most common complaints from member's suffering from PTSD is the lack of support received from the unit.<sup>126</sup> Members rely heavily on each other during combat operations. Individuals' confident in their personal abilities to meet the unit's expectations have an increased feeling of belonging to the unit. Training together, having confidence in the unit's capabilities, and knowing one's own capabilities are important factors in increasing the likelihood of psychological wellness and preventing PTSD. In a cohesive unit, positive environment, and surrounded by respectful peers, military members suffering

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<sup>125</sup> A. Marin (Ombudsman), *Special Report: Systemic Treatment of CF Member...*, 63.

<sup>126</sup> *Ibid.*, 65-66.

from PTSD will be more inclined to seeking assistance.<sup>127</sup> Cohesive units are able to provide strong social support. Because of the nature of traumatic events experienced by members, a cohesive and supporting unit can replace the loss of social support at home. Group cohesion is an important component of psychological wellness and a pivotal asset in the prevention, recovery and healing process of PTSD. Group cohesion and support from members augments individuals' resources in coping with traumatic situations. Resources, be it physical, material, emotional or psychological, are the basis in creating psychological wellness and preventing PTSD.

Recognizing the influences of resource loss, preservation, and gain during traumatic events allows individuals to react in a manner that will increase the possibilities of positive outcomes from the trauma and maintain their overall wellness. The resource-based theory was first developed from research on the threats and loss of resources experienced during the Holocaust and subsequently in Israel.<sup>128</sup> Resources are tangible and intangible entities, be it physical, psychological or emotional that are highly valued. Resources are the individuals' ability to keep or gain such valuable entities.<sup>129</sup> Resources are those personality traits, circumstances, and vigour that an individual valued because of its inner importance or because of its value in procuring or protecting others highly important resources.<sup>130</sup> Conservation of Resources (COR) theory emphasises the objective and cultural assessment of the environment to clarify

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<sup>127</sup> *Ibid.*, 68.

<sup>128</sup> S.E. Hobfoll, "The Influence of Culture, Community, and the Nested-Self...", 340.

<sup>129</sup> S.E. Hobfoll, "Been Down So Long, It Looks Like Up...", 18; and, S.E. Hobfoll, "The Influence of Culture, Community, and the Nested-Self...", 341.

<sup>130</sup> S.E. Hobfoll, "The Influence of Culture, Community, and the Nested-Self...", 339.



individuals' actions and reactions during and after traumatic events.<sup>131</sup> Being aware of the impact of resource loss, preservation, and gain dictates individuals' reaction to traumatic events and help in the prevention of PTSD.

The fundamental premise of the COR theory is that every individual will perform actions to gain, keep, look after, and cultivate what they value the most. The two key COR principles are the primary importance of resource loss, and the necessity to expand personal efforts and energy in order to gain resources. The first COR principle rest on the premise that the significance behind the loss of resources is undoubtedly more predominant than the effect of resources gain.<sup>132</sup> The fact that individuals will involuntarily overemphasis negative, harmful, and threatening particulars of a situation over positive ones is either instinctive or stems from deeply engrained knowledge.<sup>133</sup> The primacy of resource loss can be generally explained by the simple reality that human nature deemed it adaptive.<sup>134</sup> Therefore, the negative impact of resources loss will be a lot more significant for individuals than the positive impact of resource gain.<sup>135</sup> This is an important point because if the amount of losses is the same as the amount of gains, the losses will still overwhelmingly affect individuals. The prevalence of resource loss makes sense from a cultural point of view whereas individual's loss will reduce the resources of the group.<sup>136</sup> While some losses can be objectively assessed and observed,

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<sup>131</sup> *Ibid.*, 338.

<sup>132</sup> *Ibid.*, 343.

<sup>133</sup> *Ibid.*, 343-344.

<sup>134</sup> *Ibid.*, 344.

<sup>135</sup> S.E. Hobfoll, "Been Down So Long, It Looks Like Up...", 18.

others are only relevant because they are perceived as such by individuals. Still, some resources are universally viewed as important and the loss of such resource would be considered as significant for most individuals.<sup>137</sup> Interestingly, the primacy of resource loss and the emphasis on the negative, harmful, and threatening characteristics of a situation explain why people accept the reality of war a lot quicker than they accept the reality of peace.<sup>138</sup> Perhaps, these facts play on military personnel when returning from deployment and the difficulty members have in adapting to the peaceful Canadian way of living.

From a military perspective, personnel must understand the impact of resource loss in order to prevent and mitigate emotional and psychological distress within themselves, and also to provide the required support to prevent and mitigate emotional and psychological distress in others. These factors are important considerations for military leaders. Traumatic events will not only have a profound effect at the individual's level, but will also impact the unit in numerous ways. The unit's effectiveness and functioning may be significantly reduced after experiencing important losses during traumatic events. Members need to realize the potentially devastating impact of resource loss in order to prevent and mitigate emotional and psychological distress within themselves and others. Additionally, such knowledge and understanding will better prepare members when experiencing a reduction in effectiveness when the efforts applied to acquire, recover, or preserve resources will have failed to produce the expected results. To mitigate and prevent PTSD, military personnel need to understand

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<sup>136</sup> S.E. Hobfoll, "The Influence of Culture, Community, and the Nested-Self...", 344.

<sup>137</sup> *Ibid.*, 342-343.

<sup>138</sup> S.E. Hobfoll, "Been Down So Long, It Looks Like Up...", 22.

and know how to cope with the primacy of resources loss during and after traumatic events. Members expend a lot of personal resources in order to save lives during military operations. To preserve and gain other resources, individuals will have to expand resources.

According to the second principle of COR theory, individuals and unit resources will be used and expended in order to gain, maintain, and reclaim previously lost resources.<sup>139</sup> Subsequently, individuals and units will be negatively affected if the resources expended do not produce the expected increase in resources. Leaders must be prepared to manage such demanding and difficult situations. Members must acquire the tools necessary to develop capacities to efficiently expand and protect their resources. An essential outcome to recognize from the COR principles is that individuals and units with the highest amount of resources, including psychological, will be less susceptible to loss and better able to maintain and increase resources even during traumatic events. Inversely, individuals and units lacking resources will be most susceptible to resource loss and least able to maintain and increase resources.<sup>140</sup> As previously discussed, self-efficacy, social support, and unit cohesion are considered critical resources, in themselves. Self-efficacy, social support, and unit cohesion have preventative effects against PTSD.<sup>141</sup> It is important to understand that this principle does not focus solely on the individual, but also applies to group resources. Members of a cohesive unit will be much more willing to sacrifice themselves for the survival of the group. Albeit, if no

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<sup>139</sup> S.E. Hobfoll, "The Influence of Culture, Community, and the Nested-Self...", 349.

<sup>140</sup> S.E. Hobfoll, "The Influence of Culture, Community, and the Nested-Self...", 349.

<sup>141</sup> Ibid., 349.

resource gains ensue it will negatively impact members. This is one of the reasons why members struggle with the worthiness of the death of one of their fellow unit members. The more useless the death seems, the more difficult it is to accept. Finally, it is important for military leaders to understand that the expansion of resources means a deprivation of a certain level of resources for the individual or the unit if the resources invested do not provide an increase in or help in maintaining resources. Knowing and understanding that individuals and units resources must be employed in order to acquire, recover, or preserve resources, and the fact that a lack of results will leave individuals and units with a diminished level of resources are factors and risks that military leaders must consider when planning operations. An overview of the intricacies between resource loss and gain in preventing, mitigating or favouring PTSD will be discussed to show the complexity of such factors.

Intuitively, the predominance of resources loss and its impact can be understood, but the significance and consequences of resources gain and posttraumatic growth are not as clear cut. Resource gain after experiencing a traumatic event is now referred to as Post Traumatic Growth (PTG).<sup>142</sup> Research on PTG has been associated with an increase, a decrease, or no effect on the number of PTSD cases. Reasons to explain the contradictory results are offered by Helgeson et al. (2006) based on the different processes that would cause PTG. Individuals can experience growth because of changes in their lives. Growth could be the result of their coping with the trauma. Others may simply change their perceptions to increase their sense of mastery and control to reduce the effect of the trauma.<sup>143</sup> The processes leading to PTG seem to steer the negative or

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<sup>142</sup> S.E. Hobfoll, M. Tracy and S. Galea, "The Impact of Resource Loss...", 868.

positive impact that PTG will have regarding psychological distress. Studies of the aftermath of the terrorist attacks of September 11, 2001, and cases of sexual assaults, have found that PTG was associated with an increase in well being.<sup>144</sup> However, realizing that certain advantages can be drawn from traumatic experiences does not always produce advantageous results. Hobfoll, Tracy, Galea (2006) research found that traumatic growth did not decrease the probability of PTSD or depression. Although their research did not show that traumatic growth increased the probabilities of PTSD and depression.<sup>145</sup> Similar results were gathered in prior research by Tedeschi & Calhoun (2004) who found no relation, neither positive nor negative, between traumatic growth and PTSD.<sup>146</sup> In opposition to their results, Hobfoll, Canetti-Nisim, & Johnson (2006) found that traumatic growth in creating a greater sense of intimacy or meaning actually amplified PTSD.<sup>147</sup> Actions fostering growth based on helping others and being supported by loved ones may in turn be mitigating factors on the risks of PTSD. More recent research by Hobfoll et al. (2008) concurs with these assumptions and found that PTG may reduce the likelihood of PTSD when it is associated with actions taken.<sup>148</sup> On the other hand, Hobfoll et al. (2008) found that the experience of growth through

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<sup>143</sup> V.S. Helgeson, K.A. Reynolds and P.L. Tomich, "A meta-analytic review of benefit finding and growth," *Journal of Consulting and Clinical Psychology*, Vol 74, no. 5 (2006), 797-816; <http://www.web.ebscohost.com>; Internet; accessed 12 January 2009, 812.

<sup>144</sup> S.E. Hobfoll, M. Tracy and S. Galea, "The Impact of Resource Loss...", 868.

<sup>145</sup> *Ibid.*, 875.

<sup>146</sup> *Ibid.*, p. 868.

<sup>147</sup> S.E. Hobfoll, D. Canetti-Nisim and R.J. Johnson, "Exposure to terrorism...", 208.; S.E. Hobfoll, M. Tracy and S. Galea, "The Impact of Resource Loss...", 868 & 875.

<sup>148</sup> B.J. Hall, S.E. Hobfoll, P.A. Palmieri, D. Canetti-Nisim, O. Shapira, R.J. Johnson and S. Galea, "The Psychological Impact of Impending Forced Settler Disengagement in Gaza...", 27.

cognitive association may produce the reverse effect and increase the risks for PTSD.<sup>149</sup> Still, the fact consistently remains that acquiring resources has a significantly lesser impact on the individual than the loss of resources. In other terms, Hobfoll, Tracy, Galea (2006) found that resource losses of all types, being physical, tangible, perceived, or intangible, have far more extensive impact on individuals than resource gain.<sup>150</sup>

To prevent PTSD, individuals need to be able to use various coping styles, know their capabilities, and realize the impact of appraisal and resource loss during and after traumatic events. In the complex world of traumatic events, members need to possess a vast amount of knowledge and skills in psychological fitness and psychological wellness to prevent distress in themselves and others. Members need to be comfortable using several coping strategies and recognizing their effectiveness depending on the situation. Coping strategies that worked in one situation may be a liability in another. In other words, people have the strength of their weaknesses and the weaknesses of their strength. Members should know their strength and limitations, and be able to recognize effective and ineffective coping methods in order to gain flexibility to be successful in facing and coping with traumatic events and prevent PTSD. Members need to be confident in their ability to positively impact current and future events situations to maintain psychological wellness and prevent PTSD. To read or discuss coping strategies and the importance of resources to prevent PTSD does not provide the complete knowledge and understanding required for individuals to apply the notions until the learning and skills become so

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<sup>149</sup> S.E. Hobfoll, M. Tracy and S. Galea, "The Impact of Resource Loss...", 875.

<sup>150</sup> *Ibid.*, 874.

engrained in members that such knowledge and understanding will be part of the CF culture.

## **PSYCHOLOGICAL FITNESS TRAINING**

“Finally, it is evident that no mechanism exists at present to allow CF leaders, educators, caregivers, family members and others to communicate and share the knowledge necessary to address PTSD on a holistic basis.”<sup>151</sup>

As presented in the previous chapters, a major issue identified pertains to the need for enhanced psychological fitness. As will be discussed in this chapter, there are a number of methods that may be employed to enhance psychological fitness which will be referred to as psychological fitness training. To be effective in preventing and mitigating PTSD and all other psychological distress, psychological fitness training must be integrated in every facet of military life and it must focus on all aspects of psychological wellness. Psychological fitness needs to be an integral part of all military exercises. Psychological fitness needs to be discussed, reasoned, and understood. Psychological fitness needs to become part of the CF culture. This chapter will discuss the importance of psychological fitness training in the development of the knowledge, understanding, skills and coping flexibility required by members to prevent PTSD. Psychological fitness training recommendations from CF Mobile Command research and the Ombudsman investigation and the value of such training will be presented. The emphasis on

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<sup>151</sup> A. Marin (Ombudsman), *Special Report: Systemic Treatment of CF Member...*, viii.

leadership and psychological fitness training as benefits to the leaders, members, and the CF culture will be demonstrated. The inclusion of psychological fitness training throughout members' career will be debated.

Psychological fitness training will ensure that members acquire the knowledge, understanding, and skills required in recognizing stressors, applying effective coping strategies, and having the flexibility to adapt, react, be resilient and recover from traumatic events brought forward by the nature of military responsibilities. Recent research found that coping flexibility (Cheng, 2001) and the ability to stabilize emotions had a positive impact and reduced psychological distress in individual facing traumatic events.<sup>152</sup> Cheng (2001) proposed that individuals efficacy in coping does not rely on a particular coping method, but on their ability to know, understand and use a variety of coping methods that best suit the stressful situation.<sup>153</sup> Psychological fitness training is the perfect venue to give members the coping flexibility required in traumatic situations. To learn coping strategies and preventive methods, psychological fitness training must be part of every unit exercise and every military course. Reading and listening to briefings for a few hours does not provide the coping flexibility required to increase members' resiliency to traumatic events. To assure positive outcome, psychological fitness training needs to be an integral part of military life. Psychological fitness training will increase members' personal skills and self mastery and decrease the occurrence of psychological

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<sup>152</sup> M. Westphal and A. Bonanno, "Posttraumatic Growth and Resilience...", 423.

<sup>153</sup> C. Cheng, "Assessing Coping Flexibility in Real-Life and Laboratory Settings: A Multimethod Approach," *Journal of Personality and Social Psychology*, Vol. 80, no. 5 (2001): 814-833; <http://www.web.ebscohost.com>; Internet; accessed 23 January 2009, 829.



distress.<sup>154</sup> Without psychological fitness training, members will be constrained to their own experiences and own pattern of coping. Obviously, many members will develop effective coping strategies on their own. However, this may take years, whereas psychological fitness training can provide knowledge and understanding beginning at the recruit level. As described throughout this paper, many coping techniques and strategies are available. Knowing, understanding and being flexible in using various coping strategies is an asset for members. Individuals with less knowledge, less flexibility, and therefore, less coping resources, are more likely to suffer as the result of experiencing a traumatic event.<sup>155</sup> Psychological fitness training will provide military personnel the information necessary to recognize the symptoms of psychological distress, the knowledge to react efficiently, the understanding of the importance to seek support, and the ability to provide support to when others experiencing psychological distress.<sup>156</sup> Psychological fitness training throughout a military career will increase members' flexibility to adapt, react, be resilient and recover from traumatic events of military duties. The notion and the importance of training in preventing PTSD has been proposed before along with other types of training to increase members' resiliency to combat and other stressors.

The CF needs to act upon the various researches proposing psychological training to prevent PTSD and other psychological illnesses. In 1988, CF Mobile Command published a study, by Major E.R. Black, on Human Performance in Combat.

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<sup>154</sup> N. Sumer, A.N. Karanci, S. Kazak Berument and H. Gunes, "Personal Resources, Coping Self-Efficacy, and Quake Exposure as Predictors of Psychological Distress....", 341.

<sup>155</sup> S.E. Hobfoll, C.D. Spielberger, S. Breznitz, C. Figley, S. Folkman, B. Lepper-Green, D. Meichenbaum, N.A. Milgram, I. Sandler, I. Sarason and B. van der Kolk, "War-Related Stress....", 848-849.

<sup>156</sup> Major E.R. Black, "Human Performance in Combat"...., 23.

Sixteen main recommendations, focusing primarily on the army environment, ensued. Most of these recommendations are outside the scope of this paper. However, some of Black's assumptions, recommendations, and statements are no longer relevant being either outdated or refuted by the research of the last 20 years and greater understanding in the field of stress and PTSD. Black stated that: "[t]he most important influencing factor in this process [physical and emotional adaptation process to combat stress] is the appraisal of the significance of the stressor."<sup>157</sup> Black's statement on the predominance of the appraisal of the stressor is disputed by the newer COR theories. Although the appraisal of the situation is important, the COR theories showed the pivotal impact from the threat to resources or the loss of resource. Another limitation of Black's research is that it focuses specifically on combat experience and, therefore, excludes numerous other critical and traumatic events where stress management is absolutely essential for military members. Be it peacekeeping, operational tempo, or the recovery of body part after a crash, members also face traumatic events outside of combat. Therefore, not only army personnel, but all military members need psychological training to prevent PTSD and other psychological illnesses. Although the suggestion of psychological training was advanced several times in the last twenty years, such training has yet to be implemented in the CF.

Instead of combat stress management training or training focusing only on PTSD, members should receive psychological fitness training to prevent all types of psychological illnesses. Black's research advocated the introduction of combat stress management during recruit training and throughout an individual career. Black's

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<sup>157</sup> *Ibid.*, 5.

research team advanced that a training program combined with the establishment of proper medical treatments program would have positive and mitigating effects on combat stress.<sup>158</sup> The Ombudsman report, for the Minister of National Defence in 2001, echoes the same recommendation. According to the report, to properly address the issue of PTSD, the CF needs explicit and recurring training for all members on PTSD and supplementary training prior to deployment.<sup>159</sup> This is further discussed in the Ombudsman follow-up report in December 2002. In this report, the recommendation to provide training on PTSD was expanded by the CF to include OSIs. Despite initiatives at the higher echelon, for example to add OSI training as part of first aid training, the Ombudsman investigation "... found little overall improvement in the quantity of continuation training given to field unit since the release of [the Ombudsman] original report."<sup>160</sup> The fact that continuation training is lacking means that members are not adequately prepared to meet military demands. Based on his research, Black concluded that because of the absence of combat stress management training, the Canadian army, and one can argue the entire CF, is not adequately equipped to cope with the traumatic stressors that military service brings.<sup>161</sup> More than the proposed combat stress management training or training focusing only on PTSD, members should received psychological fitness training to prevent all types of psychological illnesses. The preventative effects of education and training needs to be recognized.

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<sup>158</sup> *Ibid.*, 3.

<sup>159</sup> A. Marin (Ombudsman), *Special Report: Systemic Treatment of CF Member...*, 118-119.

<sup>160</sup> A. Marin (Ombudsman), *Follow-up Report: Review of DND/CF Actions on Operational Stress Injuries*, Report to the Minister of National Defence. (Ottawa: National Defence and Canadian Forces, 2002), 25.

<sup>161</sup> Major E.R. Black, "Human Performance in Combat"..., 2.

CF leaders need to recognize the preventative application of psychological fitness training and implement such training for all members. Psychological fitness training would provide members the theory necessary to understand the causes, symptoms, and factors involved in psychological distress, PTSD, and OSIs. Psychological fitness training would impart skills necessary to increase individuals' ability to cope during stressful situations and prevent psychological distress. Psychological fitness training would also increase military personnel's expertise in providing support to others, taking care of their own needs, and to consult with medical health services when additional resources and assistance are required. Knowing one's own limitations and trusting the abilities of one's unit increase members' ability to overcome physical and psychological demands prior, during and after traumatic events.<sup>162</sup> The Ombudsman report clearly stated that importance of a mandatory PTSD education and training program to educate members, prevent PTSD, and change the culture in the CF towards psychological distress.<sup>163</sup> The Ombudsman emphasised the requirement for the chain of command to understand and recognize the preventive impact that training has on OSIs and showed concern in his follow-up report regarding the lack of training at the unit level regarding PTSD and OSIs.<sup>164</sup> To gain expertise, increase understanding, and maintain a high level of skills will necessitate that psychological fitness training be included as part of all major career courses and be an important focus during leadership and management courses. Psychological fitness training during career courses should be an essential part

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<sup>162</sup> *Ibid.*, 18.

<sup>163</sup> A. Marin (Ombudsman), *Special Report: Systemic Treatment of CF Member...*, vii.

<sup>164</sup> A. Marin (Ombudsman), *Follow-up Report: Review of DND/CF Action...*, 26.

in preparing leaders, both at the Non-Commissioned Officers' (NCOs) and Officers' level.

Leaders at all levels must understand the impact that leadership has in escalating or preventing PTSD. In an overview of obligations in leading people, *Leadership in the Canadian Forces* (2005) listed "building resiliency" as an important responsibility for leaders.<sup>165</sup> *Leadership in the Canadian Forces* stated that both tactical and operational leaders could instigate procedures, developed skills, and increase units' resilience to mitigate psychological distress.<sup>166</sup> "Leadership is also part of the stress-prevention equation."<sup>167</sup> The question is how do leaders develop these skills? Where do they find the information? How do they acquire the knowledge to prevent psychological distress? The knowledge and understanding of leadership in preventing PTSD must be taught, practiced, and developed throughout leaders' careers. Saying, writing or briefing that leadership is important is not enough. Leaders deserve to be trained in order to acquire and develop the proper skills to cope with stressors and preventing PTSD. The CF has a responsibility in providing such training.

Officers and NCOs need to know and understand the crucial role that their leadership will play in mitigating or escalating the impact of traumatic events on their personnel, and in preventing or increasing the number of PTSD in their unit. Black's recommendation supports the significance of psychological fitness training as an on-

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<sup>165</sup> Department of National Defence, *Leadership in the Canadian Forces: Conceptual Foundations*. (Ottawa: Department of National Defence, 2005), 80.

<sup>166</sup> Department of National Defence, *Leadership in the Canadian Forces...*, 80.

<sup>167</sup> *Ibid.*, 81.

going process throughout officers' and NCOs' careers.<sup>168</sup> Black saw the leadership role and the ability of leaders in interpreting and presenting information as one of the main factors in members' assessment of the situation and the maintenance of psychological wellness.<sup>169</sup> Officers and NCOs must be aware of the impact of stressors and predictors to mitigate such impact in traumatic situations, maintain psychological wellness, and prevent chronic psychological distress. For the purpose of providing members with an environment that will mitigate combat distress, Black's research team recommended to increase leaders' ability to develop a cohesive unit.<sup>170</sup> Officers and NCO required the knowledge, understanding and skills to manage and reduce the impact of stressors on themselves and their troops. For members, the role of the leadership and other unit members becomes increasingly important in providing the support. Members of the unit and leaders are perhaps the only ones that can truly understand what the individual has suffered and experienced. Officers and NCOs must understand the crucial role that their leadership plays and that the unit support provide in mitigating or escalating the impact of traumatic events on their personnel and resulting PTSD. Leaders have a role to play in eradicating the stigma attached to PTSD.

The stigma associated with PTSD acts as a barrier for many individuals suffering from these illnesses. As stated at the Standing Committee on National Defence, an organization that strives on individuals' courage, determination, and ability to cope and perform under extremely demanding and stressful situations does not readily accept

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<sup>168</sup> Major E.R. Black, "Human Performance in Combat"..., iii.

<sup>169</sup> *Ibid.*, 12.

<sup>170</sup> *Ibid.*, iii

psychological distress. Members suffering from PTSD have difficulty admitting their situation and seeking help because a lot of them see PTSD as sign of weakness, and they are ashamed of themselves.<sup>171</sup> Meanwhile their symptoms become more severe, their family lives suffer, and substance abuse and suicidal tendency increase. The Ombudsman follow-up report in Dec 2002, referred to the on-going stigma and negative attitude that members have towards PTSD.<sup>172</sup> More alarming, was the refusal of members returning from Afghanistan to request assistance and receive treatment from the OTSSC because of the stigma attached to the center. In one center, stairs leading to the OTSSC were dubbed “stairs of shame.”<sup>173</sup> Being a personal perception or a common view of the members towards individuals with psychological distress, such comments show that much work is still required to change the CF culture.

Psychological fitness training could shape the culture of the CF to a knowledgeable force in psychological wellness and preventative methods to avoid PTSD. In 2001, a member made the statement to the Ombudsman investigation team that PTSD meant “People Trying to Screw the Department.”<sup>174</sup> Such negative and disrespectful attitude is clearly counterproductive to unit cohesion and supportive peers. The lack of education and training is a factor in fuelling the resentment members have towards PTSD. This is an issue of trust and culture in the CF. Leadership at all levels have a primary duty in changing the stigma attached to PTSD. It is the role of leaders to shape the culture of the CF. Many members have difficulty to accept the possibility or the facts

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<sup>171</sup> A. Marin (Ombudsman), *Special Report: Systemic Treatment of CF Member...*, 83.

<sup>172</sup> A. Marin (Ombudsman), *Follow-up Report: Review of DND/CF Action...*, iii.

<sup>173</sup> *Ibid.*, 71.

<sup>174</sup> A. Marin (Ombudsman), *Special Report: Systemic Treatment of CF Member...*, 70.

that they are suffering from psychological distress.<sup>175</sup> For all these reasons, psychological fitness training is most important. With or without psychological fitness training, leaders will impact the psychological wellness of the members' of their units. Psychological fitness training would provide leaders the knowledge, understanding and skills required for their leadership to play a part in the prevention of PTSD, and change the CF culture. The knowledge, understanding and skills to make a positive impact on others must be trained and developed throughout a leader's career and psychological fitness training is a good venue to meet this aim starting early in an individual's career.

The inclusion of psychological fitness training throughout military members' career is required to ensure members are ready to meet the military demands of the 21<sup>st</sup> century. To develop appropriate coping mechanisms in the face of traumatic events, psychological fitness training should start once the recruits have completed basic training.<sup>176</sup> The initial psychological fitness training needs to be complemented with recurring training during members' career. Currently, some training is given to members prior to their deployment.<sup>177</sup> However, the danger is in focussing only on mental preparedness prior to deployment because members will lack the time necessary to master the information. Recurring training geared to various audiences instead of a one size fits all approach should implement the latest research and lessons learned on the subject of psychological fitness.

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<sup>175</sup> House of Commons, Standing Committee on National Defence, *Minutes of Proceedings...*

<sup>176</sup> Lieutenant- Colonel M.J. Maltais "Operational stress injuries in the new asymmetrical battle spaces: Is it possible that there are new unidentifiable stressors in today's conflicts?" (Toronto: Canadian Forces College Advanced Military Studies Course Paper, 2005), 27.

<sup>177</sup> *Ibid.*, 26-27.



Understandably, the idea of psychological fitness training may seem as an additional burden on most units who are already facing a heavy training curriculum and high work tempo. Concerns on units being overloaded with training were expressed by one of the health professional interviewed by the Ombudsman investigation team.<sup>178</sup> The fact that CF units cannot sustain additional training requirements does not dilute the importance and value of psychological training. If the CF takes psychological health seriously, then psychological fitness training cannot be ignored. The fact that CF units cannot sustain additional training requirements means the psychological fitness training must be included within the current training framework.

Several reports from pre-deployment exercises showed that training was cancelled when a critical event occurred instead of allowing leaders to deal and learn from the adrenaline rush experienced by all involved.<sup>179</sup> How do we deal, minimize, and focus the adrenaline rush after an event?<sup>180</sup> Much can be learned and experienced, from a personal perspective and support to others, in continuing to exercise until the full completion of scenario. Military leaders need to understand the reaction to highly stressful, life-threatening and traumatic situation to positively reroute the adrenaline rush that individuals will experience and appropriately refocus military personnel.<sup>181</sup> It is important for CF members to understand the symptoms of fear and adrenaline rush during highly stressful situations to be fully prepared and react appropriately when it occurs. Psychological fitness training should include the recommendation from Black's

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<sup>178</sup> A. Marin (Ombudsman), *Special Report: Systemic Treatment of CF Member...*, 106.

<sup>179</sup> The Army Lessons Learned Center, "Stress Injury and Operational Deployments...", 10.

<sup>180</sup> *Ibid.*, 10.

<sup>181</sup> Lieutenant- Colonel M.J. Maltais "Operational stress injuries...", 21.

research to add stress casualties handling within training exercises.<sup>182</sup> In reaction to dangerous and life threatening situations, the human body increases the level of adrenaline, and some sensory systems may become more acute while fine motor skills ability may be reduced. During tremendously fearful event, it is common for people to empty their bowels and bladder. It is important for all members to understand these reactions, recognize them, and learn how to deal with them.

A deep breathing exercise is an effective tool to regain calmness and reduce stress.<sup>183</sup> “Tactical breathing” is one of the simplest methods to reduce the level of panic during traumatic situations.<sup>184</sup> Deep breathing has positive and calming effects on the sympathetic nervous system. During traumatic events, deep breathing will help diminish and normalize the elevated heart rate, heavy breathing, and other stress related responses being experienced. Knowing and mastering deep breathing technique will increase the rapidity and efficiency of the process. The deep breathing method explained below uses the “four-count method”, but this may be adapted to a five-count method depending on the needs of the individual. The first step is to take slow breaths through the nose to the count of four. The deep breaths should raise the stomach. The second and third step is to hold your breath for four counts and to release your breath in four counts. The last step is to hold your empty breath for four counts. Individuals should coach themselves through the counts and the breathing cycle should be done four times.<sup>185</sup>

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<sup>182</sup> Major E.R. Black, “Human Performance in Combat”..., iii.

<sup>183</sup> The Army Lessons Learned Center, “Stress Injury and Operational Deployments...”, 18.

<sup>184</sup> Lieutenant-Colonel D. Grossman and L.W. Christensen, *On Combat: The Psychology and Physiology of Deadly Conflict in War and in Peace* (United States: PPCT Research Publications, 2004), 323.

<sup>185</sup> Lieutenant-Colonel D. Grossman and L.W. Christensen, *On Combat...*, 323-324.

The Ombudsman report focused on the Operational Trauma and Stress Support Centers (OTSSC) outreach program as the best organization available to provide training to the entire CF.<sup>186</sup> However, the additional health personnel required to provide face to face briefing would take away from their primary duty to treat military members. Further, relying solely on face to face briefing would add a considerable burden on units and would not be able to reach every member. It is easily conceivable and feasible that psychological fitness training could be available on-line through an interactive presentation by health professionals and members with PTSD. An online psychological fitness training program, accessible at anytime and from anywhere, with current information, questions and reference would be beneficial. To be accessible anytime and anywhere, the psychological fitness program must be available through both the internet and intranet sites.

A mandatory psychological fitness training program must be easily accessible, doable, and perhaps even part of the express test requirements. A psychological fitness written questionnaire, using the open book concept, is recommended. The idea behind a psychological fitness questionnaire would be to focus members on their psychological fitness, to support others, and to be reminded of the responsibilities and impact of leaders at all levels. Individuals would have to complete the questionnaire to a satisfactory level during the express test before receiving a pass or exempt result. Being an open book exam, the concept is simple and the exam would be corrected immediately to ensure satisfactory results. An individual who failed the test would do it again. The goal of the psychological fitness questionnaire would be to ensure that members are aware of the

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<sup>186</sup> A. Marin (Ombudsman), *Special Report: Systemic Treatment of CF Member...*, 117.

latest information regarding psychological wellness and assistance available to understand how they can increase or decrease the probability of psychological distress in themselves and others.

The multidisciplinary aspect of delivering education and training has a greater impact on the validity and the benefits of the training. The investigators for the Ombudsman follow-up report found that the combination of health professionals and members living with PTSD were a powerful and effective method of training.<sup>187</sup> The involvement of health professionals is important to teach the various components, factors, treatments, coping strategies and prevention methods of PTSD. However, the human factor and testimony from the experience of members is also a key component of the process. Member's testimonies translate the abstract factors and theories into tangible experiences. Speakers should be aligned to meet the rank levels in the audience. Members sometimes relate easier and are more comfortable asking questions to personnel within their own peer group.<sup>188</sup> The multidisciplinary approach to education and training will help change the CF culture towards PTSD.

Psychological fitness training should start as individuals join the military to ensure that the understanding, knowledge, and skills of psychological fitness, coping strategies, and impact on others are engrained in the CF culture. Through our cultural learning process, we learn how to act and react. Cultural knowledge is learned so deeply that it becomes an automatic reaction.<sup>189</sup> Psychological fitness training would improve

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<sup>187</sup> A. Marin (Ombudsman), *Follow-up Report: Review of DND/CF Action...*, 32-33.

<sup>188</sup> A. Marin (Ombudsman), *Special Report: Systemic Treatment of CF Member...*, 110.

<sup>189</sup> S.E. Hobfoll, "Been Down So Long, It Looks Like Up...", 18.

the cultural knowledge and understanding of the CF regarding psychological wellbeing and provide members the skills required to successfully manage the very unique and challenging situations of military service. Although commitments exist at the senior leadership level in dealing with OSIs and PTSD, the Ombudsman follow-up report found that units were not receiving, and most of them were not requesting, the training available from the OTSSCs.<sup>190</sup> However, positive reviews were received by units which had requested and received training OSIs and stress prevention training from OTSSCs.<sup>191</sup> To be truly effective, OSIs and PTSD training programs need to be mandated CF-wide as recommended in the Follow-up report.<sup>192</sup> Education and training is an important step in preventing psychological distress. Because stress coping techniques are developed throughout an individual's lifetime, it is inefficient to focus on mental preparedness a few months prior to a deployment in a dangerous area. To have a true impact, stress reactions and coping techniques must be taught, learned and practiced throughout a member's career to provide the proper reaction to traumatic stressors. It is also important for leaders to have used and practiced these coping techniques during their own stressful experiences and challenges to be able to efficiently lead their troop and provide the stimulus required to maintain unit cohesion and high moral. A psychological fitness training program would be of great benefit to members because of its applicability in all facets of their life. The recommendation from this research is for an obligatory psychological fitness training program throughout a members' career. On-going research

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<sup>190</sup> A. Marin (Ombudsman), *Follow-up Report: Review of DND/CF Action...*, iii and 18.

<sup>191</sup> *Ibid.*, 25-26.

<sup>192</sup> *Ibid.*, 18-20.

from the Stress and Coping Group with Defence Research and Development Canada (DRDC) Toronto began a project two years ago on the psychological resilience of military personnel. The results of their research should provide additional information that will increase military personnel knowledge and understanding of PTSD and factors that can be use to mitigate it.<sup>193</sup>

## CONCLUSION

Given the importance of mental wellbeing in all facets of an individual's life, this paper provided information and explanation regarding PTSD, traumatic stressors, mitigating factors, and the importance of proper training to prevent psychological distress. This paper demonstrated the importance and preventative application of psychological fitness training to increase psychological wellness and decrease PTSD occurrences in the CF. Understanding the history of PTSD gave insight on the stigma that still exists today and the requirement to change the CF culture. Understanding the multitude of physiological and psychological symptoms possible during and after a traumatic event gives military members the tools necessary to assess their wellbeing and level of distress. Recognizing and understanding the factors influencing members' ability to recover from PTSD was addressed to raise awareness of these factors. The impact of multitude exposures to trauma and the potential multiplicative effect was explained. The importance of psychological fitness training to give members the tools required to be better prepared for military demands, regardless of their past history, was clearly

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<sup>193</sup> Brigadier-General (Retired) G.E. Sharpe and A. English, "Observations on the Association between Operational Readiness and Personal Readiness in the Canadian Forces...", v.

demonstrated. The impact of resource loss during highly stressful or traumatic events and the importance to provide mitigating factors to members was proven. The significance of casualties and threat to life as severe stressors for individuals and members alike was explained. The importance of gender difference and the increased likelihood of women suffering from PTSD and psychological distress were introduced. Overall, an increased understanding of PTSD was provided to show the importance of psychological fitness training in preventing the occurrence of PTSD and other psychological distress.

The effectiveness in living through the myriads of possible stressors and stressful situations that members may experience in their lifetime would be addressed by psychological fitness training. Furthermore, psychological fitness would give military members the tools necessary to reduce the multiplicative effects produced by the combination of various stressors, and at the same time, reduce the potential risk of psychopathology. Without psychological fitness training, the capacity of members to tolerate stress will be left to luck. Psychological fitness would better prepare members for the multitude of stressors and stressful situations they will experience throughout their career and beyond. Psychological fitness training would provide the venue for members to learn about stress reactions, increase their stress tolerance and resiliency.

The importance and psychological benefits for individuals in knowing and understanding their own coping capabilities was addressed as was the importance in being able to discriminate between efficient and ineffective coping strategies. The personal factors affected coping self-efficacy during traumatic events was explained. Furthermore, the importance and health impact of individual's assessment or appraisal of

the situation in preventing, mitigating or increase the probability of PTSD was established. The impact of culture in the initial and automatic assessment of traumatic situations was introduced. A discussion of the preventative potential of military culture and group cohesion was demonstrated as was the crucial role of social support and family support in members' psychological wellness. The newer theory of conservation of resources provided insights in individuals' perception, needs, and coping requirements during traumatic events. Overall, various paths to reduce predisposition to PTSD, methods to shield individuals for psychological distress, and the methods to prevent PTSD and psychological distress proved the value of psychological fitness training throughout members' career.

It is important to provide every military member with psychological fitness training to increase the level of psychological wellness of the members and the level of support within a unit. The CF has the responsibility to provide psychological fitness training to teach members efficient coping strategies and increase their psychological resources in order to help prevent PTSD and other psychological distresses.

Understanding the current level of training demanded of each unit, the requirements and venues to establish comprehensive psychological fitness training in the current training framework was demonstrated. The preventative effects and positive impact that psychological fitness training will have on the CF by developing knowledge, understanding, skills and coping flexibility in members to prevent PTSD and psychological distress was established. Previous recommendations from Mobile Command official research and the Ombudsman investigation completely support the implementation of psychological fitness training in the CF. The importance of leadership



in preventing psychological distress and the benefits of psychological fitness training for leaders, members, and the CF culture was demonstrated. The inclusion of psychological fitness training throughout members' career is necessary.

Ignoring the demands of the times would be irresponsible. It is not only the CF that must face the reality of PTSD, depression, anxiety, and other psychological distress. The world is so interconnected and information moves so fast that people are in a constant state of pressure. The psychological demands to perform and handle a constant level of stress are reaching alarming levels. People are overburdened, overworked, and overstressed. A new approach to life is required to help individuals remain healthy, both physically and psychologically, in this new demanding world. People may not always have control over the events that they are experiencing, but people always have a say in how they react to these events.

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