Chapter 12 – RESILIENCE IN MILITARY AND DIPLOMATIC PERSONNEL ENGAGED IN COUNTER-INSURGENCY AND COUNTER-TERRORISM OPERATIONS

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The idea behind this study was to explore psycho-social resilience in a high threat security environment among military and civilian personnel serving in Iraq. We wanted to measure what was in the people's minds, their fears. This was not a big study; it was only a pilot. The insights from this study are interesting and provide a step forward to a bigger project. We used questionnaires prepared by Anne Speckhard, designed to measure PTSD and other factors. The subjects of the study were soldiers and diplomats. We used information technology and programmed the questionnaire so the subjects could respond on-line. Using this approach, we were able to rapidly collect data on 600 variables. All that was required for subjects to take the survey was access to a personal computer and high speed Internet access. The amount of information and data collected and analyzed is huge. Unfortunately the Internet was so slow in Iraq that we had to abandon the website and move to e-mailing an electronic survey for them to fill out. That was unfortunate as we originally had 200 respondents who agreed to participate but the Web pages were so slow they could not complete the survey.

Looking at the profile of the respondents, you can see who is eager to respond and who is not. We asked questions that resulted in qualitative and quantitative information. The subject sample is relatively small – 53 people between the ages of 27 and 63 with 9 active duty military and civilians, 38 males and 15 females, 18 single, 28 married and 7 divorced. The subject pool was based on a snowball sample. The introduction of the survey had information about the purpose of the study and a request for honest responses stating that we are university researchers and have no relationship to the military. The survey took less than half an hour to complete. No names were gathered for confidentiality. Subjects responded to their psycho-social reactions to experiences like suicide bombing, murder, being fired upon, etc. They were asked if they were personally involved, witnessed in person, heard about the event(s) or saw them on TV. They were asked how many times you experienced these events. In addition, the subjects were asked about the intensity of the experiences – the strongest reaction as well as about their initial reaction to events and their current reaction.

The analysis of the data was simple since this was an exploratory study. We measured the frequency of reactions. A significant portion of the sample had acute stress responses and these transitioned to longer enduring post traumatic stress responses for some, but in general the post traumatic responses diminished over time so that the sample presented more deeply affected immediately after the event than in the current time period. Examples of these responses included intrusive flashbacks, avoidance, trouble remembering, feeling alienated, avoiding reminders of the event, trouble concentrating, being easily agitated, trouble functioning in work and relationships, etc. In addition to acute and post traumatic stress responses we also found many with psychosomatic problems, panic, depression with symptoms including becoming excited by danger, increased fearfulness, having stomach distress, being terrified by death, etc. One subject admitted considering self-harm and suicide in response to the high threat security environment.

In terms of more significant response levels, respondents indicated "yes" to questions asking if they became much more negative about Muslims, became jumpy, felt the world is less safe, found it hard to sleep, found it hard to detach, becoming emotionally numb, tried not to think of it, thought local Iraqis are dangerous and that Muslims are becoming dangerous, became detached, felt increased levels of fatigue, tried to cope by distracting myself, were uncertain about the future, felt vulnerable in public places. Significant numbers of respondents also replied that they tried to look for meaning in these events (not always negative), felt a sense of increased love for those around them, felt it was important to get in touch with loved ones, thought that talking about the attacks helps, were afraid they would be a victim of

terrorism, felt that there is a big chance that a terrorist attack will take place where they work or live, said they hold onto their faith in hard times, believe they are protected by a higher power, don't like to depend on others, believe people are generally good, believe they are in control of my life, expected to encounter violence, said they look for creative solutions to problems, are satisfied with themselves, and are confident with their ability to handle to hard times.

Even on a small sample, we see some correlations. To look for relationships between PTSD factors and intensity of feelings, we coded four variables: Personally Involved = 4, Witnessed = 3, Heard about it = 2, Witnessed on TV = 1. The results of a correlation analysis showed that the higher the personal involvement with a high threat event, the more they tended to avoid danger afterward.

We also checked for significant factors, performing Eigen analysis [a method that tries to identify the most salient factors or dimensions that fit some data]. This resulted in the identification of a few factors/ dimensions with very high information:

- Dimension 1 – jumpy, can't sleep, distracted (which one would see as the high arousal aspect of PTSD).
- Dimension 2 – panic attacks, world is less safe, experience was traumatic (trauma- panic).
- Dimension 3 – headaches, dizziness (psychosomatic).
- Dimension 4 – sad, less trust (loss of belief and subsequent depression).
- Dimension 5 – considering suicide, hurting myself.

In conclusion we can say that it's possible to conduct a remote survey in a high threat security environment, although we did have to modify our method given the trouble with Internet speed. Likewise we found some very interesting responses showing that both military and civilian populations are affected by being in a high threat security environment but we see that their immediate responses are stronger than they remain overtime, which is a good sign. We recommend repeating this type of survey, but focus in the future on a shorter questionnaire with links to information on care and increasing resilience and use this for monitoring and benchmarking.

If I look at the future, we need to define a multi-country, multi-cultural project. We have a lot of good items; we have analytical software, benchmarks and best practices based on the lessons learned.

12.1 DISCUSSION

(Tarabrina) Can you define how you measured PTSD? Did you use standardized measures? The flashbacks – usually they are very important in assessing PTSD and how about arousal states, sleep disturbance, depression? There is also the whole issue after a trauma of questioning reality of the future, uncertainty about future, another way of viewing the future. (Speckhard) Regarding trauma, the level of exposure is there; they feel under each day. The context is really 53 people who day-by-day have been confronted by bombings and killings, not sitting at desks, isolated, but people in the field confronting high threats in their daily work and living environment. We did not use standardized tests including those for PTSD because we wanted our survey to avoid making them feel that they were being psychologically tested. Instead we incorporated items from standardized tests that could give a good measure of the variables involved in Acute Stress Disorder and PTSD and about these as composite scores. But no, we opted *not* to use standardized measures in the interest of having more people feel interested in taking part in the survey.

(Tarabrina) You mentioned some used increased sexual activity to cope with PTSD, any ideas what that is about? (Speckhard) The easy answer may be that sex is fun. Typically when you have a stress response you have increased cortisone, adrenals, but suppressed sexual response. Perhaps to fight the arousal states of a traumatized state they go looking for this? We don't know if they had sex with partners or self –

stimulation but again we didn't think it was a good idea to put a direct question about masturbation that most would not answer. In any case it's probably a factor of "self medication" using sex to deal with stress and trauma.

(Verleye) This data collection method is a monitor for a global project. In Flanders, the government wants to help seniors and have projects to help them to create a higher level of well being. The numbers of subjects are high. There are no big issues. The key is to compare cities in which they have experienced terrorism with those they don't – is there a difference and to look at the added value of the projects.

(Tarabrina) I would like to not contradict, but debate with Anne that sexual desire is hedonism to get rid of painful recollections. It is also dehumanization – it is a plain act without distinction. It is dehumanization. It might be a manifestation of PTSD. (Speckhard) That's very perceptive and may indeed be the case.

(Wientjes) At least for the military, the sexual activity is breaking the law – high risk behaviour common after trauma. Research has shown that anything that threatens your mortality, you engage in behaviour to extend it – to procreate. At a deeper level, your mortality has been threatened so you are responding to that.

(Speckhard) In terms of sexual activity we don't know if it was or was not with partners, it may be in the shower alone – self-stimulation – so it may not have been illegal.

(Tarabrina) In approaches, we have a main conception of PTSD. It is formed in American psychology and sociology. What about a more complicated conception? We refer to a broader range of symptomology and dynamics. In many cases, the flashbacks went out (disappeared), but the abrasive anxiety and personality changes became the main symptoms. High alcohol consumption became one of the main symptoms. It is dynamic. The symptoms vary over time. (Speckhard) Yes I agree, I know in the Chernobyl liquidators you studied, Nadya, that you didn't find the bodily arousal to scripts about the experience, yet we know that these people get very horrified when thinking about potential illnesses they may get in the *future* and for me this is unique to this type of trauma with high uncertainly about the injury that is yet to come and we see high arousal states with fears of the *future* – flash forwards versus flash backs if you will. I know in Russia you have pointed out many differences than how the west conceptualizes PTSD.

(McGurk) I think we need to be careful about making changes to [how we define and measure] PTSD. I'm not sure you measured PTSD according to DSM criteria – you didn't use the PCL. I do agree there are problems with the way we're diagnosing it, especially for soldiers, because the standard responses may not be standard for soldiers. However, you didn't use standard criteria in your study.

(Speckhard) Actually we did use standard criteria in terms of the items we used. We had everything in there – 5 items for every aspect of PTSD, but we did not use standardized measures per se.

(McGurk) As far as measuring PTSD in a different way, it needs to be validated by comparing with a structured survey. Now it's looking at the symptoms.

(Speckhard) I want to argue that the only way to diagnose PTSD is through the PCL. If you have the symptoms, you can assess it, this is done all the time by clinicians. We had good reasons for not using standardized measures and we still got at all the variables. We didn't want to alienate the subjects. Just because you have the PCL you may not be getting the right information. If you have a lot of instruments, your survey may not hang together and you may lose your subjects' participation.

(McGurk) It's been used validated (PCL) in military and civilian populations. Just because it's a party line, doesn't mean it's a bad line.

(Speckhard) No but if you lose your sample because they don't want to answer a survey that makes them feel that they are being clinically diagnosed you defeat your purpose as well.

(Danielsen) It is interesting for a social anthropologist to be part of this discussion. How do you validate [these survey instruments]? How do you validate questionnaires for broad sample (age, gender)? All Americans, but that's a big continent. Using Hofstade [cultural factors or dimensions] doesn't fit; it was validated for different people. If you use this questionnaire, how do you interpret the answers? The way of coping with stress and using sex for fun would be different for Navy Seals or what my grandmother would do in Northern Norway. The way of Navy Seals would be diagnosed as pathological. I have a big question about validation and norming it to ensure you measure the important things instead of measuring things and then make them important. (Verleye) One of the goals of the study was to show the technology. You need to have a multi-cultural target group. If you want to apply an instrument, the question of norms is only one way to do it. You need to do a proper pre-test with the correct questions – to ensure if a question is asked one way, it can't be interpreted another way. Then collect a couple of hundred or thousand people for better statistics and look at profiles in the data. These are bottom up lessons, taking into advantage what you know. You can create a new questionnaire methodology toward a target group, that's a big and ambitious effort.

To what extent do the answers to the questions depend on the time of exposure to hazards? Servicemen change their functional state in phases. In two months, they have greater psychological disorders, then stabilization, and then in months six to eight [post-deployment], they overestimate their safety and then four months after exposure to dangerous events, we see increasing changes. How does the timing affect the results?

(Speckhard) That is a very good point. We measured at one time only while still in theatre. To measure as you say, the survey would have to be used longitudinally or with a large enough sample to look across at different points in time. This would give answers over time regarding what patterns we see and how does that relate to the symptoms you see. That is expensive and difficult.