

Post Traumatic Growth As A Result Of Positive Recovery from Post- Traumatic Stress Disorder in Military Personnel

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ABSTRACT

Background: Sense of alienation from society, constant performance pressure, emotional setbacks, suppressed thoughts, or consistent triggering of traumatic events (combat or non-combat) is not an alien concept in the field of military trauma. Dealing positively with military fatigue can ensure increased resilience and healthy life of the military personnel both on and off duty. Indian and other military forces have also acknowledged the prevalence of the spectrum of psycho-emotional, physical and psychological outcomes leading to suicides, psychiatric illness, family relationships, or substance abuse.

Objective: The present study aims to explore the possibility that positive and negative effects of trauma can coexist. It also analyzes the access to psychological help to the individual serving in the forces.

Methods: Qualitative approach, snowball sampling, and the audience were approached via Google forms and unstructured interviews were used for data collection.

Result: The result of the study reveals that the provision of psychological or psychiatric help is often denied by the soldiers owing to the stigma around mental health. Proper examining and assessment of coping behaviors and interventions to positively deal with PTSD can result in better interpersonal relationships and healthy cognitive functioning of the military trauma- population.

Conclusion: It is concluded that PTSD and PTG are positively correlated.

Keywords: Mental health, PTSD, PTG, Indian soldiers, cognitive maladaptation

INTRODUCTION

A soldier is always active in combat, during the fieldwork on their missions, and during and after their retirement with their psychological demons. Tim O'Brien defined PTSD in Army Veterans as "They carried all they could bear, and then some, including a silent awe for the terrible power of the things they carried." The world falls no short of updates as to cases of stress and PTSD in the military, and to no surprise, the accessibility to healthier lifestyle patterns, more allotment of leaves, and considerable discussions over military leadership have been doing the rounds. A hike in cases of suicide, substance abuse, psychiatric illnesses, stress-related physical disorders, hampered decision making, and lack of concentration. Stress in the military may have different dimensions, work environment, organization's culture, and psychological characteristics of an individual (Zeffane & McLoughlin, 2006). India has not indulged in a war in the past two decades, but the standoffs, counter-insurgency operations, and internal conflicts have made frequent peacekeeping missions quite a task.

The story of Private Harry Farr- a professional soldier with six years of experience before World War I in 1915, who was diagnosed with Hyperacusis, which is an example of the absence of psychological assessment and assistance. It can be defined as a hearing disorder, unusual tolerance to ordinary environmental sounds, and consistently exaggerated or inappropriate responses to sounds that are neither threatening nor uncomfortably loud to a typical person (National Centre for Biotechnology). Despite his severe condition, he was sent to fight at the frontline, later he refused to return to the frontline. He was executed as he was considered to be disobeying the orders, and nobody was bothered about the deteriorating mental health of the soldiers. This became a landmark case that highlighted the need for accessibility of psychological help to all the soldiers.

"The people of India and its Security Forces have been subjected to severe trauma" yet the subject is not debated nor has been taken up seriously by the medical authorities to analyse and understand the impact (Lt Col Manoj K Channan [Retd]). Posttraumatic stress disorder (PTSD) is a psychiatric disorder characterized by witnessing a traumatic event such as manmade riots, physical and emotional abuse, serious accidents and injury, war/combat or insurgency operations, natural disaster, or life-threatening events. Popular terms like 'shell shock' during the years of World War I and 'operational fatigue' after World War II, prove the fact that it has been affecting people for a long time. It is simply not a psychiatric disorder that only hampers the frontline workers, but it can impact everyone, of all ethnicity, nationality, and age group. PTSD affects approximately 3.5 percent of U.S. adults every year, and an estimated one in 11 people will be diagnosed with PTSD in their lifetime. Women are twice as likely as men to have PTSD (Psychiatry Organization). World War II stands as living proof of combat exhaustion as a leading factor for personnel committing suicides (Bloch, 1969).

Individuals with PTSD have symptoms of anxiety, reckless behaviours, nightmares, dissociation, poor sleep, and concentration, or reliving the event, later after the traumatic event. Researchers have found that women have almost twice the risk to have PTSD as compared men. The probability increases, if the traumatic event was witnessed before the age of 15 years (Breslau et al., 1997, 1999). Pawar (2014) highlights that stigma plays an important role in the avoidance of treatment in the armed forces, and it affects the personnel as well as their family and caregivers. Halpert (2008)

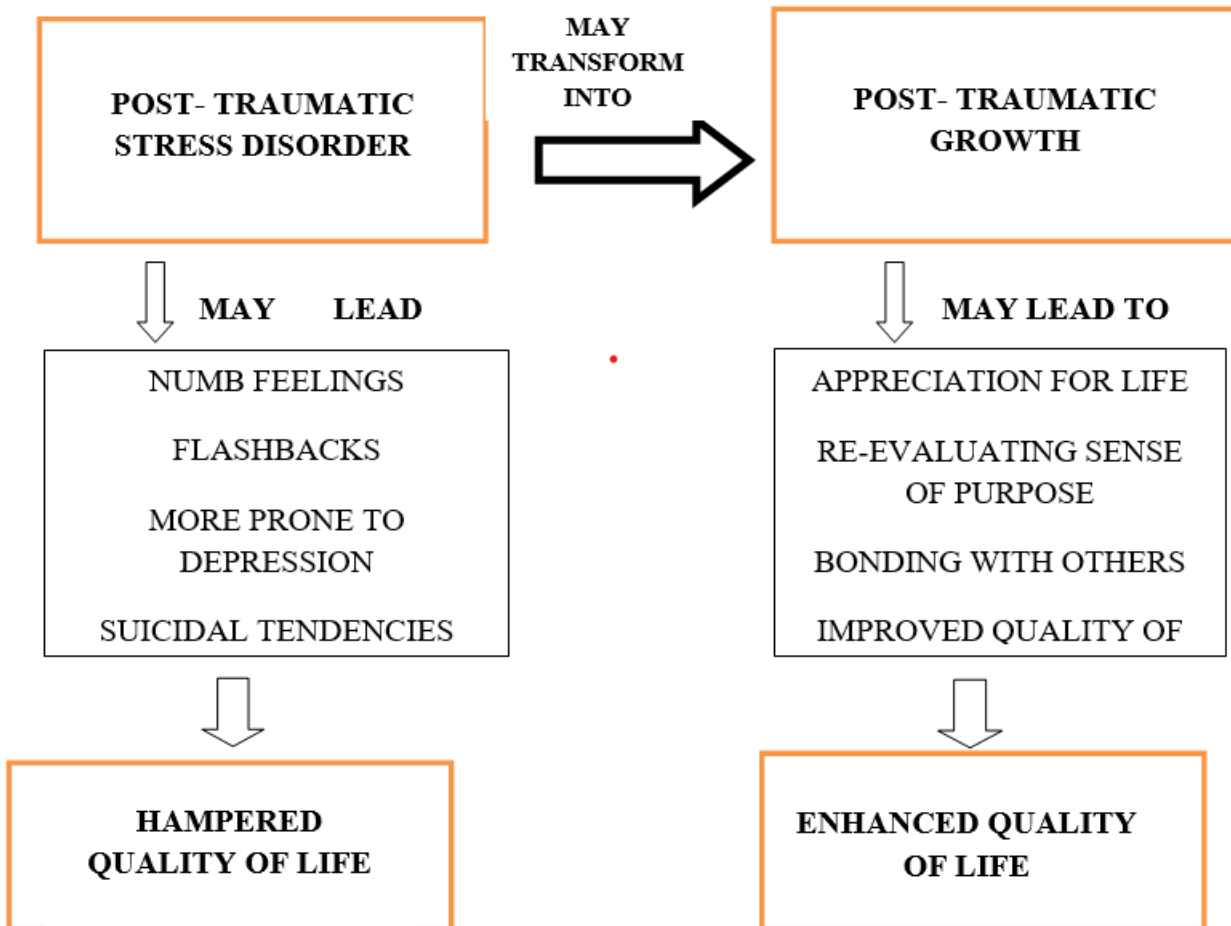
explained that within 6 months of deployment, a large number of military personnel showed signs of PTSD. They were reluctant to seek help because they didn't want 'retarded or crazy' in their military record.

Dr. Marianne Trent explains Post- Traumatic Growth (PTG) where someone has been affected by PTSD and finds a way to take new meaning from their experiences in order to live their lives in a different way than prior to the trauma". Tedeschi and Calhoun, 1996 defined 'post- traumatic growth' as positive psychological changes experienced while struggling with highly challenging situations. It can be analysed based on the positive changes in five domains, appreciation of life, relationships with others, and new possibilities in life, personal strength, and spiritual change. The military personnel explore themselves often in hostile conditions, leading to violent thoughts, guilt or suicidal tendencies. The growth after trauma requires reflecting on your experiences and emotions, fostering a sense of community, and seeking mental health support.

Tedeschi expresses his views on PTG as "People develop new understandings of themselves, the world they live in, how to relate to other people, the kind of future they might have and a better understanding of how to live life".

Lt Col Manoj K Channan (Retd) explains Post-Traumatic Growth as "Just like there's always time for pain, there's always time for healing. PTSD is a whole-body tragedy, an integral human event of enormous proportions with massive repercussions." Both PTG and PTSD are post- traumatic reactions, where PTSD is a negative reaction to the trauma and PTG is a positive recovery from the trauma. The researches between the two constructs have mixed statistical findings. Xiaoli Wu et. al researched the prevalence of moderate-to-high posttraumatic growth and found moderate to high PTG, shorter time since trauma and have suffered from direct trauma from a specific profession in people under the age of 60. Studies by Tiamiyu et al., 2016; Liu et al., 2017; Zalta et al., 2017 suggest positive associations. Some studies found positive associations between PTSD and PTG such as, Tiamiyu et al., 2016; Liu et al., 2017; Zalta et al., 2017, while other studies reported that PTSD was inversely associated with PTG (Hall et al., 2008; Ssenyonga et al., 2013) or failed to find robust associations (Klosky et al., 2014).

Table 1: Impact of PTSD and PTG in relation to Quality of Life



Review of Literature:

Pflanz and Ogle (2006) found that military personnel can manage to adapt to temporary hardships of humanitarian missions and combat operations, the chronic stressors faced at the home base are found to be beyond their tolerance limit. Chadda et al., 2007; Chandra et al., 2009; Kar et al., 2004 researched that exposure to traumatic events is closely associated with PTSD, comorbid depression, anxiety and somatic disorders in adults. Kaur, 2017 examined that the rate of suicides for women is higher than the general population, as per the data collected from National Crime Record Bureau (NCRB) and the Bureau of Police Research and Development, 7.1 per lakh has been recorded. Yaswi and Haque, 2008 researched and found that in high number of victims of war were associated with PTSD symptoms were diagnosed with chronic depression. Sharma, 2015 conducted a research which stated that a total of 368 defence personnel committed suicide from 2010 to 2012. Out of them, in 2010 the highest among the three years were recorded with 115 cases, 102 cases in 2011 and 93 cases in 2012 were recorded. Kaur et al., 2013 found that personality traits such as neuroticism, psychoticism and extraversion along with coping methods like denial are significantly linked to psychological stress. Bush, Skopp, McCann & Luxton, 2011 found that PTG can be considered as a supporting factor for decrease in suicidal ideas, by increasing resilience in the

military personnel. Xiaoli Wu et al., 2019 found that after experiencing a traumatic event, around half of the investigated participants falls in moderate to high PTG. Wu suggested that future researches should be focused on studying the determinants of PTG to design relevant interventions for the victims of trauma. Zhibin Wu et al., 2016 researched on the Wenchuan earthquake survivors that the prevalence of PTSD and PTG was 40.1% and 51.1% respectively, and the coexistence of the two variables was 19.6%. Marcin Rzeszutek et al., 2018 studied people living with HIV (PLWH) and suggested that several aspects of the research on PTG among PLWH require modification, both theoretically and methodologically. In addition, more comprehensive interdisciplinary studies are needed to fully capture the health-related PTG mechanisms and outcomes in this patient group. IAVA, 2015 reported that qualitative methods should be used to avoid misinterpretation of veteran's subjective experiences of combat trauma and positive recovery from the trauma. Bo Yun Sim et al., 2015 researched PTG in stomach cancer survivors and found that psychological interventions to enhance PTG may have a positive effect on impaired health-related quality of life (HRQOL) among stomach cancer survivors. Habib et al., 2018 reviewed PTG in ex-military personnel and found that PTG from deployment-related trauma exposure, and the presentation of PTG in military personnel population is not dissimilar to that of civilians. Greenberg et al., 2020 researched on military trauma promote psychological growth in combat veterans and found that PTG is more common in personnel with PTSD, and is associated with better quality of life and mental functioning. Schubert et al., 2016 observed that trauma survivors with PTSD have more PTG than those without PTSD, and that PTG can be strengthened during the therapeutic process, though it is unclear whether PTG is a pragmatic solution of PTSD therapeutic interventions. Wen et al., 2021 investigated Mindfulness, Posttraumatic Stress Symptoms, and Posttraumatic Growth in Aid Workers and revealed that mindfulness was significantly and negatively associated with PTSD and positively associated with PTG by predicting self-acceptance and unfavorably predicting restrictive introspection.

Hypothesis:

1. The co-dependence of PTG on PTSD in the desired population.
2. The military forces lack proper accessibility to psychological assessment and treatment.
3. Lack of psychological help can add on to the surge in suicides.
4. Negligence of assessment of PTSD and limited knowledge about PTG impacts the mental health of the military personnel.

Methodology:

The respondents for the study were 125 Indian military soldiers working in the most sensitive regions of the nation. After cleaning the data, 107 samples were found to be suitable data. The respondents were randomly selected from the three forces that are, Indian Army, Indian Air force, Indian Navy and paramilitary forces. The soldiers included in the study were both commissioned officers and below the commissioned officer rank. The scale used for measuring occupational stress and growth was adapted from Post-Traumatic Stress Disorder Checklist- Military (**PCL-5 (M)**) by Weathers, Litz, Huska, & Keane from National Center for PTSD - Behavioral Science Division and the Post-Traumatic Growth Inventory (**PTGI**), by Calhoun, L. G., & Tedeschi, R. G.. The data was collected via snowball sampling, it was based on a 5 point Likert scale varying from 1 meaning "not at all" to 5 meaning "extremely". The data were gathered through structured Google forms, and one-to-one interaction. The scale consisted of 38 items, 17 from PCL-M, and 21 items from PTGI.

Post-Traumatic Stress Disorder Checklist- Military (PCL-M): The PTSD checklist – Military version, developed by Weathers, Litz, Huska, & Keane at the National Center for PTSD - Behavioral Science Division. PCL-M consists of 17 items, with high prevalence of PTSD in military. The responses for the items are based on the problems of the past month. Internal consistency coefficients were very high for the total scale (.97) and for each subscale (.92 - .93). Test-retest reliability over 2 - 3 days was 0.96.

Post-Traumatic Growth Inventory (PTGI): The Post-Traumatic Growth Inventory developed by L. G. Calhoun and R. G. Tedeschi at Department of Psychology - UNC Charlotte, USA. PTGI includes 21 items which are classified into five sub- factors: Relating to Others, New Possibilities, Personal Strength, Spiritual Change, and Appreciation of Life.

PTGI have good internal consistency (all alphas for subscales between 0.67 and 0.85, and have a construct validity (e.g., Shakespeare-Finch et al., 2013). The scale has been found to have satisfactory test-retest reliability as well 4-week test retest $r = 0.79$).

Result:

Table 2: Impact of PTSD on the levels of PTG

PEARSON CORRELATION OF PCL-M AND PTGI

		PCL-M	PTGI
PCL-M	Pearson Correlation	1	.371 ^{**}
	Sig. (2-tailed)		<.001
	N	107	107
PTGI	Pearson Correlation	.371 ^{**}	1
	Sig. (2-tailed)	<.001	
	N	107	107

^{**}. Correlation is significant at the 0.01 level (2-tailed).

The data was collected from sample of 125 personnel serving across the country. After removing the outliers of the total sample collected of 125 respondents, only 107 responses were found to be true. The study collected the data via Google forms and semi- structured interviews. The questions in the questionnaire ranged from ‘dealing with stressor sand triggers’ to ‘appreciating others and relations around them’.

Pearson correlation method and 2- tailed test was run to understand the relationship between the two variables. The analysis depicts that Pearson correlation value is 0.371 and it exists as a low positive correlation between Post Traumatic Stress Disorder and Post- Traumatic Growth. The significant

value was at 0.001 which is less than 0.05, and therefore it is statistically significant. Thus, positive hypothesis stands accepted.

While accessing the data, the association between the stress disorder and the growth after the trauma was found to be weakly correlated. The result highlights higher level of PTG in currently serving or veterans which indicates that many personnel have experienced growth from trauma on duty, which allows them to have fulfilling relationships with others and serve their purpose of life. The implementation of mental health awareness programs, interventions aimed at high-risk groups, and addressing trauma-related symptoms from all causes. Higher levels of social support, spirituality and rumination, and minority ethnicity were most frequently associated with more post-traumatic growth.

Discussion:

This study aimed to explore the level of correlation of PTSD and PTG in military personnel. The result of the current study indicates low positive correlation of Post-Traumatic Growth and Post-Traumatic Stress Disorder in military population. Tedeschi & McNally, 2011 reviewed recent studies and suggested that Post-Traumatic Growth is a protective factor from traumatic combat experiences. Tedeschi, 2011 supported the topic of PTG as relevance for veterans and their families who are attempting to cope with the aftermath of trauma. An-Nuo Liu et al., 2017 analyzed the correlation of PTSD and PTG through Meta-analysis and found that PTG may be positively correlated with PTSD symptoms and that it can be modified by age, trauma type, and time since trauma. Brian A Chopko et al., 2018 researched on Relationships among traumatic experiences, PTSD, and posttraumatic growth for police officers and found that Positive recovery is possible with cognitive avoidance.

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