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Facing Adversity and Factors Affecting Resilience

A Qualitative Analysis of the Lived Experiences of Canadian Special Operations Forces

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Isabelle Richer, PhD*; Christine Frank, PhD

ABSTRACT

Special Operations Forces (SOF) personnel are required to withstand considerable physical and psychological hardship. Research examining resilience and mental health among SOF personnel is limited and has provided mixed results; in addition, minimal research has been undertaken on the subjective experiences of adversity and the process of resilience among SOF personnel. This unique qualitative study describes the lived experience of Canadian SOF personnel, the challenges they face, and the factors they believe impact their resilience. Seventy Canadian SOF personnel participated in in-depth, semistructured interviews. A thematic analysis of the interviews revealed that operational demands, paired with an organizational culture of performance, were important stressors for most participants, negatively affecting both themselves and their families. SOF organizations select members with resilient characteristics; however, the same characteristics that make these members resilient also lead to self-imposed pressure to perform and avoidance of proper recovery time. Team members were reported to help such members process difficult or traumatic experiences and facilitate their seeking care. Findings provide insight into the adverse experiences that participants encountered while serving in a SOF organization and the intertwined individual, social, and organizational factors affecting their resilience. Results point to the importance of managing and mitigating the impact of high operational tempo and a culture of performance to protect the health and wellness of SOF personnel and their families.

KEYWORDS: *Special Operations Forces members; mental health; coping; work-family conflict; team cohesion; organizational and individual resilience factors*

Introduction

SOF personnel are required to perform physically and psychologically demanding tasks both in garrison and while deployed. They are frequently deployed in harsh, austere, and unstable environments and are exposed to stressful and potentially traumatic experiences while in combat.¹⁻³ In addition to enduring considerable physical and psychological stress, members must also balance operational requirements and the responsibilities of family life. The selection process is meant to generate a resilient and robust force able to successfully perform the job-related demands. Nevertheless, research examining mental

health outcomes among SOF personnel has provided mixed results. Studies tend to show that the prevalence of self-reported mental health symptoms is lower among SOF personnel than among conventional military personnel.^{1,4-6} However, research indicates that SOF personnel report higher rates of maladaptive coping strategies, such as risky alcohol use,⁶ and a recent study reported a marked increase in suicide rates among US SOF personnel.⁷ Very little research has explored the process of resilience and the subjective factors that affect resilience among SOF personnel. Given the degree of stress placed on SOF personnel and the importance of their operational effectiveness to national security, it is important to understand how SOF personnel experience and cope with adversity as well as to identify the individual and environmental factors SOF personnel believe help them maintain or enhance their resilience.

Because of the complexity of resilience, it has been conceptualized in different ways in the research community; therefore, it is important that researchers provide a clear definition of resilience in their research. This study defined resilience as the ability to both maintain and return to previous levels of well-being and functioning or even thriving when faced with a notable stressor, adverse experience, or traumatic event in the training, garrison, or operational environment or at home (adapted from reference 8). Equally important in defining resilience is specifying whether resilience is a characteristic, a process, or an outcome. In this study, resilience was considered an attribute, a process (i.e., the skills and strategies SOF personnel use to maintain or increase their resilience, and the factors that decrease their resilience), and an outcome (i.e., experiencing symptoms of mental health issues and deterioration of well-being and functioning).

Characteristics of resilience are often examined at the individual level; however, failure to consider the social and organizational environment in which the individual is situated results in too narrow a focus.⁹ Demonstrating the importance of environmental factors, the author of one study found that when individuals were exposed to high levels of adversity, environmental factors (e.g., stable and safe communities) had a stronger influence on their resilience than did individual factors, such as individual vulnerabilities and dispositional resilience traits.¹⁰ In this research, therefore, we adopted a more comprehensive approach to resilience among SOF personnel by also exploring social and organizational characteristics of resilience.

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Past research has identified a number of factors that may promote resilience among military personnel. At the individual level, military research has linked many personal characteristics to resilience, including conscientiousness and emotional stability,¹¹ hardiness,¹² self-efficacy,¹³ optimism, humor, self-worth, confidence, and physical fitness, among others (see reference 14 for review). In addition, research suggests SOF operators present a psychological profile characterized by hardiness,¹⁵ greater social adjustment, greater emotional stability,^{16,17} and greater self-confidence and self-esteem,¹⁸ which is strongly in line with personal characteristics found to be linked with resilience in military populations.

At the interpersonal level, positive social interactions¹¹ and teamwork, cohesion, and commitment¹⁴ have been identified as social-level resilience characteristics. Within the SOF community, job satisfaction and unit cohesion have been identified as protective factors and as predictors of resilience among SOF military personnel.¹⁹ US SOF personnel, for example, report higher levels of social support from their units and from the army than do non-SOF military personnel, and these levels of social support are related to better mental and physical health.²⁰

At the organizational level, programs aimed at increasing military members' mental skills and performance (e.g., mental imagery, goal setting, using different forms of attention, mindfulness, effective communication skills), such as the Road to Mental Readiness (R2MR) in the Canadian Armed Forces (CAF)²¹ and Battlemind in the US military,²² are becoming more prevalent. Mental-skills training is thought to provide tools to enhance functioning and performance and may be beneficial for SOF personnel given the high operational demands.²³ Additionally, a positive organizational climate has been identified as positively impacting resilience among military personnel.¹⁴ There does not appear to be research examining organizational factors that impact resilience among SOF personnel.

Studies examining resilience among SOF personnel have focused on intrapersonal (e.g., personality traits, mental health outcomes) or interpersonal factors, but to our knowledge, none have looked at the process of resilience in a holistic manner (i.e., integrating individual, social, and organizational factors). Furthermore, quantitative studies on resilience have been limited by their focus on specific traits, mental health outcomes, and inability to fully understand the processes of resilience and interpret findings in their sociocultural context.²⁴ This study addressed the need to better understand Canadian Special Operations Forces Command (CANSOFCOM) members' main challenges and the processes and interrelated factors that contribute to their ability to maintain their resilience. Therefore, a qualitative method was used to explore CANSOFCOM members' lived experience of adversity, their perceptions of the individual, social, and organizational factors that impact their psychological resilience, and the strategies they use to maintain their resilience over the course of their careers.

Methods

A descriptive qualitative approach was used to explore the lived experience of resilience among CANSOFCOM members.²⁵ This method was chosen to allow understanding of contextualized experiences, the process, and the factors impacting

resilience from the insiders' (i.e., the SOF members') viewpoint and in the participants' own words. In-depth semistructured interviews were used to elicit qualitative data in line with the research objective and to allow flexibility to adapt and adjust questions to better fit the narrative of the respondents. All interviews were conducted by a researcher trained in qualitative interview techniques. Given security constraints, interviews could not be audio recorded. A note-taker captured the content of the qualitative interviews.

The set of questions and additional exploratory prompts were based on scientific literature on resilience and the social-ecological framework and designed by the researchers in collaboration with subject matter experts, including the CANSOFCOM chief psychologist. Qualitative studies are less theoretical, and usually researchers are not committed to a specific theory or framework.²⁶ As such, researchers began with broad questions and adjusted questioning based on participants' responses to allow the freedom and flexibility to capture rich and complex new insights into the lived experience of resilience. The set of questions was also adjusted iteratively following the first interviews and data analyses. The following themes were explored: (1) the main challenges and stressors faced during military service; (2) intrapersonal and interpersonal aspects of resilience; (3) aspects of resilience specific to CANSOFCOM and high-risk military occupations; (4) the perceived interaction between deployment and resilience; and (5) the process of change in resilience. The interviews ranged from 30 to 90 minutes in length. Prior to participating, participants provided oral consent and completed a brief demographic questionnaire to record key demographics and military information.

Data Analysis

All interview coding and data management was conducted using Microsoft Word. Instead of generating a new theory of resilience, interview notes were analyzed using a thematic analysis²⁷ to reveal participants' rich and in-depth descriptions of adversity and resilience in their own words. The process of qualitative data analysis involved familiarization with the interview notes and data reduction (i.e., reading interview notes and comments and extracting what was relevant to answer the research questions), generating initial codes by identifying and coding patterns in participants' responses, categorizing the codes and generating themes, and elaborating on emerging themes.²⁷ The notes from the first interview were analyzed independently by the researcher who conducted the interviews and the note-taker. The research team first developed the study codebook inductively with a small amount of research materials in collaboration with a subject matter expert to ensure that participants' language (e.g., use of jargon) and responses were well understood and contextualized. Afterward, the researchers independently analyzed the qualitative data and reviewed the emerging codes and categories collaboratively.

The researchers intercoded 20% of the research material to ensure that both agreed with the coding, categorization, and emerging themes. Disagreements were discussed and resolved by reviewing other information from the interviews that shed light on the appropriate thematic coding, or by revising a theme's definition to avoid excessive overlap between themes (i.e., drawing distinctions). When no resolution was possible, a third expert was consulted to mediate the discussion, typically when more situational awareness and contextual or

organizational knowledge were needed to code participants' responses. Nevertheless, this study was centered on a descriptive approach, so the analysis stayed very close to participants' own words and interpretations of their experiences.

An open and continuous codification was carried out, in which emerging patterns and themes gathered from interviews were added to the codebook and the codes from earlier interviews were revised to include related themes. All coded notes were reviewed to identify emerging themes that were common or divergent across participants (i.e., transversal comparison). Codes and themes were defined and interpreted with consideration given to participants' sociodemographic (e.g., age, gender, first language) and military (e.g., role, rank, unit) characteristics and the literature on resilience and military psychology. Emerging themes were contrasted with members' roles (i.e., operational versus nonoperational) because operational members and members in supporting roles are exposed to adversity and to stressors differing in nature and intensity.

The analysis strategy was both inductive and deductive. The researchers coded the data inductively without trying to fit emerging themes into a preexisting coding frame and allowing themes to unfold from participants' own experiences. The qualitative data were also coded deductively to organize and interpret the semantic content in light of previous evidence-based knowledge of resilience and the social-ecological framework. Thematic analysis provides some flexibility to determine the importance of themes in different ways.²⁶ We decided to represent the prevalence of themes with descriptors (e.g., many, several, some); however, the inclusion of themes was not based solely on their frequency. The importance of a theme was not directly related to quantifiable measures or how many times the theme had been mentioned by participants. All themes that captured meaningful information about the processes and context of resilience among SOF members were considered important and were included in the codebook.²⁷ As such, researchers decided to avoid quantifying emerging themes with descriptive statistics because this process may lead to misinterpretations.²⁶

Scientific rigor was ensured by using several strategies recommended by Mays and Pope.²⁸ The researchers had a prolonged engagement in the field and compared their identified codes; any discrepancies in coding (e.g., code description, coded interview content) were discussed until a consensus was reached. Researchers also included perspectives that were in opposition to, or deviated from, more common perspectives using context, nuance, or explanations to better understand differences in participants' perspectives. Finally, the results were discussed with subject matter experts and CANSOFCOM members to verify the validity of the researchers' interpretations and conclusions.

Ethical Considerations

The study was approved by the Social Science Research Review Board (#1628/17F). Participants were informed that all the information would be kept confidential and anonymous and that they could withdraw at any time during the interview process without incurring any consequences.

Study Sample

The study sample ($N=70$) consisted mostly of married, English-speaking men between 30 and 39 years of age, currently serving with CANSOFCOM (Table 1). The average time served in CANSOFCOM was 7.5 years. The sample was recruited

TABLE 1 Demographic and Military Characteristics of the Study Sample

Characteristic	Sample % (N=70)
Gender	
Men	85.7%
Women	14.3%
First official language of Canada	
English	77.1%
French	22.9%
Marital status	
Married/common-law	68.6%
Separated/divorced/widowed	11.4%
Single	20.0%
Dependents living at home	
Yes	58.6%
No	41.4%
Force type	
Regular	91.4%
Reservist	8.6%
Rank	
Junior noncommissioned member	45.7%
Senior noncommissioned member	44.3%
Officer	10.0%
Role	
Assaulter or operator	47.1%
Supporter	44.3%
Specialist	4.3%
Pilot or aircrew	4.3%

using a purposeful sampling method with a maximum variation sampling (i.e., a small number of participants with diverse characteristics were selected) to ensure a good representation of the different types of experiences of the phenomenon being examined.²⁹ This nonprobabilistic sampling method allowed the researcher to capture and describe the phenomenon of interest with rich information and to draw broad insights.²⁶ Participant characteristics included in the sampling process were unit, role, language, sex, and time served in CANSOFCOM. Data were collected until empirical saturation was reached, meaning that no new information emerged from interviews and subsequent analyses.³⁰ The study sample was not compared with the overall CANSOFCOM population because generalizability of findings was not an objective and because of the classified nature of the information. Nevertheless, the sample includes CANSOFCOM members with diverse military and sociodemographic characteristics, and we are confident that we have captured information from a sample diverse enough to translate to most of the CANSOFCOM population.

Findings

Stress and Adversity

Most participants were able to identify at least one notable challenge, stressor, or adverse experience during their time in CANSOFCOM, although a minority, mainly participants in supporting roles, indicated that they had not experienced any meaningful stress.

High operational tempo, in garrison and while deployed, was commonly reported by participants as a chronic stressor.

Many participants reported that they did not have sufficient time to recover while in garrison or between deployments, and consequently, were burning out. In particular, being in garrison appeared to be a time of stress for participants. Several participants mentioned that their schedule in garrison had been constantly filling up, leaving them with limited personal or family time, and therefore making it difficult to recover mentally and physically and to repair family bonds. Time in garrison is meant to be a period of recovery for members, but several participants reported that being in garrison was the most stressful time in the cycle of operations:

I call it the bucket. Your bucket can only fill with so much water, and your ability to evaporate that water when you're at home or in garrison should be maximized. The problem is that most guys just keep filling it and filling it without evaporating it, and then they get deployed and then it overflows. In garrison it should be at that evaporation phase, but it's not. Now garrison is filling the bucket as much as deployment, and it's burning people out. I'm starting to feel like I'm in a fog all the time now.

Another chronic stressor commonly reported by participants was the inability to balance work demands and family responsibilities and the resulting conflict and guilt of "letting their family down":

I would say in recent years it's balancing family and work. All the time it feels like it's overwhelming and I'm not bouncing back from it. Just trying to be there [with your family], trying to support [them] and not knowing if you're going to be there next week or the week after, and if white space gets filled up and you have to cancel things for your family, that's huge. Letting them down.

High work demands (i.e., heavy workload, time away from home, high readiness/immediate response team, and unpredictable schedules), paired with the participants' commitment to the organization, determination, and drive to perform, often resulted in work taking on a more dominant role in the participants' day-to-day lives:

You can get really caught up in this place, the people, the job, and a lot of the times you're not realizing the residual effect that you're leaving each time you walk out the door. It's like an axe chopping a tree. It's a little chip out each time. You really have to understand that if you're in it for the long haul, everyone has to be on board. You have to be able to devote some of yourself to your family.

Many participants reported that their work-life imbalance had negatively affected their relationships and their families' well-being. For several participants, the job demands had created marital discord because constant operations and prolonged and unpredictable time away from home had been frustrating for their spouses. Many members reported separating from their partners or in some cases getting divorced, both of which had considerably impacted their well-being and ability to perform:

[Following my divorce] we were on high-readiness work-up training, we were supposed to rappel out of

the helicopter, and I was packing up my bag. And I was compartmentalizing and packing, and I was like "I can't do this right now. I can't focus, I can't go eight knots, I'll f**king die."

Some members also spoke about the guilt and sadness associated with missing important events or milestones in their children's lives. Participants indicated that while work-related stress had a minimal impact at home, personal stress affected their ability to perform their work-related tasks:

There's a lot of sacrifice on my part and on the part of my family as well. My children are older now, but when they were younger, it was harder because I couldn't commit to things and I missed a lot of events. I could not promise to be at something, and I was deployed a lot. I had to be flexible, and it put strain on my family.

I left [deployment] when my kid was 7 months [old], and [when] I came back, she was over a year, and she didn't like me and I didn't like her. You have to figure out your relationships again.

Some participants indicated that stress and physical and mental injuries sustained in CANSOFCOM were their most critical challenges. High operational tempo, which involved frequent consecutive deployments (and exposure to combat) over long periods, had led to mental and physical fatigue and injuries:

I have been through things that broke my soul. Now after being through all that, I am more gun shy, weary, afraid, and [I] should not feel that way. I have not bounced back from this yet, and I may not be the same person again after this experience.

Participants who had experienced a physical or mental injury indicated they felt pressure to recover quickly to return to work or maintain their ability to deploy. Participants also indicated that having made important sacrifices to reach their goal made it hard to "take a knee," referring to taking an extended recovery period and/or being posted in a nonoperational unit:

I had an injury that put me out for about 2 years, and I'd say that it was the biggest stress that I had. I was right at the cusp of that promotion zone and then right away, you're out.

Resisting and Recovering

In this study, resisting refers to individual, social, and organizational factors that help a member to buffer or maintain their level of well-being and functioning while experiencing stress. Recovery refers to the individual, social, and organizational factors that help a member return to their previous levels of well-being and functioning following adversity.

Individual level

When asked what characteristics participants believed contributed to their resilience, the most commonly reported characteristics were determination and a strong will. Many participants, particularly those in an operational role, indicated that their determination and strong will had allowed them to work to the best of their ability, achieve their goals, and persist when faced with setbacks or challenges:

Once during an exercise, I broke a rib and I was sitting in the ditch in the rain thinking, “How will I endure this for three whole days?” But then I thought, “Well, the rib is already broken, so you can go home or you can stay and finish the training, but in either place your rib will still be broken, but if you go home, then you’ll be off exercise and you’ll be sad you didn’t finish.”

However, one participant noted that this determination, combined with the “we will find a way” ethos of the organization, had created a drive to succeed that could harm the individual. Additionally, some participants reported that their strong work ethic had prevented them from asking for recovery time because they believed they should not need it:

It’s almost like the motto “We will find a way,” sometimes, it feels like “We won’t take no for an answer.” I don’t think the culture allows room for failure.

Several participants also mentioned that being easygoing, positive, and having a sense of humor were important for their resilience. Being positive allowed them to reframe problems as challenges to overcome, and humor helped them maintain this mindset:

I’m thinking, it has to start with your overall attitude. If you have a positive attitude about a lot of things, your life is good. If you don’t like your job, you’re probably not going to be good at it. If you don’t like your relationship, it’s probably going to bleed into other parts of your life.

Participants also discussed a number of coping techniques they had used to maintain resilience. Several participants indicated that they compartmentalized their work stress or family stress to continue to perform at work or to maintain family functioning at home. Participants often reported wanting to keep work stress from negatively affecting their time at home with their families and not wanting any family stress to negatively impact their performance at work. Compartmentalization of stress over a short period allowed members to focus and increase performance; however, long-term negative emotions needed to be processed to maintain well-being. Emotional suppression was another coping strategy mentioned by some members, which involves the suppression of negative emotions to perform better at work, especially on operations. However, one participant noticed that long-term emotional suppression had permanently decreased his emotional capacity, which reduced his ability to connect and form emotional ties, causing stress at home:

My emotional capacity, I’ve probably lost most of it because of where I work. I don’t have an emotional spike anymore. My wife tells me often that I’ve lost that empathetic part of myself. I don’t know why, I’m not empathetic anymore. [. . .] I think I’ve been at work so much that, at times, I treat my family like another task. I’m used to logical progression. It shouldn’t be like that.

Finally, many participants mentioned that they coped with stress by focusing on the stressor’s endpoint or their ultimate goal. Participants indicated that focusing on the end

helped them endure physical and mental stress in training, on deployment, and while performing job-specific tasks. When attempting to recover from a long high-tempo period or deployment, many members reported needing personal time to recover. For a substantial number of participants, this referred to alone time working on hobbies or personal projects (e.g., working on cars, fishing, hunting, driving). For others, this referred to disconnecting and relaxing (e.g., binging on television series on Netflix, reading). Many participants also mentioned using physical activity to both resist and recover from a stressful period. Many participants described how working out, running, or participating in individual or team sports had given them the time and space to disconnect, process difficult events, and flush out negative emotions:

I’ve always found physical fitness has been important. Something is bothering me, I go for a run. Working out allows me to process things. Also, being physically fit gives me more focus. You’re taking the anxiety away from the decision when you work your body. You can’t clench your fist and run.

Social level

Almost two thirds of participants indicated that their team members were a key source of support and contributed to their ability to stay resilient. Participants reported feeling connected to their “brotherhood” (i.e., team members) and indicated there was a high level of camaraderie in CANSOFCOM units. Team members were in the unique position of understanding the experiences, stresses, and challenges of the position. Perhaps because of this deep understanding of the role, combined with the high level of trust and connection between team members, participants often reported that they discussed things with their team members that they would not discuss with their families:

So CANSOF has a lot more camaraderie. If you’re having a problem, it’s way too easy to reach out to your team or hang out with someone who was on your team before. They would drop what they were doing to come hang out with you.

Many participants also reported that support from their team members would encourage them to access care. Specifically, if a teammate suggested they access care or mentioned that they had seen concerning changes in them (e.g., outbursts of anger) that they would be more motivated to seek care.

Many participants also indicated that their family was a key source of support; however, the nature of the support was different. Whereas team members contributed by supporting the member with occupational stress, family support was more related to one’s partner’s ability to manage the household effectively and alleviate family stress:

I don’t know how she does it [talking about his spouse]. I love her to death. After everything was said and done, passing [SOF course], going on tour, and coming back, I was [in another city] on my warrant’s course, straight from [there] to here, start in February, done in August. She packed up the house [at our previous base], bought a house, met me here, and then I was gone for six months.

Family also played a role in the recovery of the member. Several participants mentioned that as part of their recovery, they had spent time with their families and repaired bonds.

Organizational level

Several organizational factors positively contributed to participants' resilience. Most commonly, participants mentioned that the programs and services specifically tailored for CANSOFCOM personnel had positively affected their wellness. For example, participants often mentioned the Special Operations Mental Agility course (SOMA;³¹ adapted from R2MR²¹), which increases mental health literacy and mental skills and enhances performance. Participants believed that SOMA had provided valuable strategies for improving their mental well-being and helped to reduce stigma surrounding mental health issues. Other participants reported that having dedicated strength and conditioning coaches positively affected their well-being. As mentioned above, physical exercise is a frequently used coping and recovery process within CANSOFCOM; thus, having dedicated coaches who can help members work around injuries so that they can continue to exercise while recovering had a positive impact on those members.

Many participants also reported that the positive and supportive leadership within CANSOFCOM increased their resilience. Participants reported that their chains of command had been supportive when members needed to request accommodations to reduce stress, improve well-being, or support their families. They also reported that their superiors encouraged members to seek care for physical or mental health issues:

I feel very confident that if I step forward and ask for a time out, or someone to talk to, that CANSOFCOM will bend over backward for me. For example, one of the guys broke both of his legs climbing and within 24 hours, there was support for him, he was moved into the PMQs, he had a wheelchair ramp put in, they paid for that. For me, it calmed me. I look left, I look right, and the support is there. Support will be fast and swift.

Finally, a few members also talked about postings to nonoperational units as a way of recovering and regaining resilience. Being posted to these units had allowed members to take time to recover from physical or mental injuries or burnout, or to rebuild and repair family bonds. However, some participants reported drawbacks and costs associated with these postings. Most notably, members felt isolated from friends and family when they were forced to relocate for such a posting and leave their families behind (one of the units in particular was a few hours away from both the nonoperational units). One member suggested that having recovery positions within each unit would benefit members because they could remain with their own unit and team and contribute in a meaningful way without being separated from family and friends.

Discussion

SOF personnel are exposed to unique, compounding stressors that place them at increased risk of mental and/or physical issues. Previous research examining resilience among SOF personnel has yielded mixed results and has lacked comprehensive and contextualized information. This qualitative study provides a unique description of the processes and different dimensions of resilience from the perspective of SOF personnel.

When asked about their most critical challenges and stressors, most participants described the impact of organizational stressors and role demands on their families. Participants indicated that work demands and operational tempo had impeded their ability to maintain a healthy work-life balance, which had frustrated and distressed their spouses and family members. Over time, this imbalance had contributed to separation and divorce for some. In turn, the participants mentioned experiencing feelings of distress, guilt, and sadness related to their familial discord, which had affected their ability to perform in their roles. Families have been recognized anecdotally as being key to SOF success; however, little research exists on the resilience factors or unique challenges and risks of being an SOF family. Research suggests that combat-related deployment length and parents' distress can have an impact on children's mental health.³² More research is needed to better understand the impact of the SOF lifestyle on family dynamics, children's wellness, and members' wellness and performance.

Regarding individual characteristics, many of the characteristics mentioned by participants were found to be linked to resilience reported in previous military research (e.g., hardiness,³³ positive affect,¹⁴ emotion-focused coping in the context of military operations³⁴); however, these characteristics (e.g., a determined, strong work ethic) can also lead to self-imposed pressure to perform and, at times, cause members to persist when they should take time to recover. Though many participants reported that the organization had provided educational opportunities to enhance their mental skills and that leadership had supported members' taking a break to recover, as noted above, most participants indicated a reluctance to request recovery time. This, paired with the high tempo of the unit, led to member burnout, disengagement, and mental health issues. It is essential that organizations with motivated personnel and high operational tempo ensure that members receive proper recovery time to maintain resilience and rebuild and repair bonds with their families. A deployment-to-dwell (D2D) time ratio of 1:2 (i.e., twice the time home as the time away on military operations) has been established as an indicator of quality of life and readiness.³⁵ As SOF organizations often have to decrease the D2D ratio to sustain the tempo of operations,³⁵ time at home and in garrison must be safeguarded by the leadership to ensure proper decompression, as well as sufficient time for families to reconnect and maintain their well-being and functioning. Additionally, postings at nonoperational units were also mentioned by some participants as an organizational effort to allow for recovery; however, team members were identified as a source of support for CANSOFCOM personnel and were also one of the facilitators to seeking care (i.e., they encouraged members to seek care and helped members identify issues they had failed to recognize in themselves). Thus, allowing members to stay in their units with their team members and family during recovery appears to be an important consideration.

Many participants reported using indirect, emotion-focused coping strategies when facing stress. Some of the coping strategies that had been most effective at helping members perform in their role (e.g., emotional suppression, compartmentalization) may not be adaptive in the family environment. Emotional suppression can be effective in the face of acute stress in operations³⁴; at home, however, it may impede emotional bonding, connectedness, communication, and closeness, which may exacerbate marital discord and family conflict. As observed in

a dyadic analysis of military couples during post-deployment reintegration, positive psychological health was negatively associated with avoidance and positively associated with emotional expression.³⁶ Additionally, many participants reported mainly using physical exercise to cope with stress. Musculoskeletal injuries are common among SOF members,³⁷ which may compromise SOF members' ability to rely on sports and physical exercise to manage stress. As such, ensuring that additional methods of coping are learned and practiced is particularly important. SOF organizations would benefit from providing psychoeducational training focusing on a variety of context-specific (e.g., on deployment or at home) adaptive coping strategies.

Strengths and Limitations

This qualitative research provides rich and detailed descriptions of CANSOFCOM members' perspectives on and experiences of resilience. Given the limited knowledge of the mechanisms at play in the process of resilience in high-risk personnel, this study provides a deeper understanding of psychological resilience, offers insight for future research, and provides potential organizational recommendations for prevention and intervention. It is important to mention that findings from qualitative studies are not generalizable to an entire population but are transferable to similar individuals with similar experiences.

Implications

Our findings suggest that resilience is supported and developed at the individual, social, and organizational levels. Several recommendations can be offered for programs and services based on these findings. At the individual level, SOF members should be provided with psychoeducational material (e.g., education on adaptive coping on operations and at home, the cycle of emotions associated with frequent separations, impact of SOF lifestyle on family members, self-care, and self-awareness of psychological issues), targeted mental health screenings and self-assessment tools, and embedded psychological resources. At the social level, dedicated military family resources (e.g., couples counselors, childcare, mental health specialists, deployment support, and education) should be readily available to members and their spouses and children. Additionally, team dynamics could be leveraged to facilitate accessing mental health care and the early identification of mental health symptoms by providing psychological first aid training and peer-support training to all members. Currently, the Canadian Armed Forces has established the Sentinel program, which is a peer-support program run by the chaplains in collaboration with mental health specialists. Currently not all members receive this training, but in the future having all individuals trained to offer peer mental health support could be beneficial. At the organizational level, all efforts should be made to allocate adequate resources toward health and wellness and to draft policies that optimize leave, operational tempo, and D2D time to ensure that members and their families have sufficient time to recover physically and mentally between deployments, training, and exercises. Finally, change in organizational culture is needed to shift from a community focused solely on performance to one that also prioritizes health, wellness, and career longevity.

Conclusion

This study described experiences of adversity and the individual and environmental factors that contributed to withstanding hardship among a unique population of SOF personnel

in operational and supporting roles. Findings highlight the substantial impact of organizational demands and the culture of performance on the members' and their families' resilience, putting performance and operational effectiveness at risk. The study results emphasize the need for the SOF organization to instill proper conditions and tailored support services for members and their families in order to facilitate proper recovery, maintain family adjustment, and sustain the career longevity of SOF personnel.

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Special Operations Forces (SOF) personnel are required to withstand considerable physical and psychological hardship. Research examining resilience and mental health among SOF personnel is limited and has provided mixed results; in addition, minimal research has been undertaken on the subjective experiences of adversity and the process of resilience among SOF personnel. This unique qualitative study describes the lived experience of Canadian SOF personnel, the challenges they face, and the factors they believe impact their resilience. Seventy Canadian SOF personnel participated in in-depth, semistructured interviews. A thematic analysis of the interviews revealed that operational demands, paired with an organizational culture of performance, were important stressors for most participants, negatively affecting both themselves and their families. SOF organizations select members with resilient characteristics; however, the same characteristics that make these members resilient also lead to self-imposed pressure to perform and avoid taking time for proper recovery. Team members were reported to help such members process difficult or traumatic experiences and facilitate their seeking care. Findings provide insight into the adverse experiences that participants encountered while serving in an SOF organization and the intertwined individual, social, and organizational factors affecting their resilience. Results point to the importance of managing and mitigating the impact of high operational tempo and a culture of performance to protect the health and wellness of SOF personnel and their families.