

Editorials

Editorial Comment on “Psychological Resilience and Postdeployment Social Support Protect Against Traumatic Stress and Depressive Symptoms in Soldiers Returning from Operations Enduring Freedom and Iraqi Freedom”

Depression and Anxiety (Pietrzak et al., 2009a).

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(The referred article can be read in this edition’s *Previously Published* section.)

Pietrzak et al. (2009a) used a cross-sectional methodological approach to support the premise that increased resilience and adequate social support protect against the potentially deleterious effects of traumatic stress. The emerging concern about behavioral health in servicemembers serving in Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) has prompted a wave of research that is now almost a 10 years in the making. Several studies introduced in the literature during that time examined post-traumatic stress disorder (PTSD), depression, and related psychopathological problems. However, prior to the Pietrzak et al. (2009a) study, no known research in OEF/OIF veterans examined variables that may confer protection against traumatic stress and depressive symptoms. Their study demonstrated that two key variables which appear to confer protection are psychological resilience and perceived social support.

Pietrzak et al. (2009a) hypothesized that OEF/OIF veterans with PTSD would score lower on measures of resilience and social support than veterans without PTSD. Their hypothesis also stated that increased resilience and social support would be negatively associated with severity of traumatic stress and depressive symptoms. They used the Post-traumatic Stress Disorder Checklist – Military Version (PCL-M) to measure PTSD and the Connor-Davidson Resilience Scale (CD-RISC) to measure psychological resilience in a battery of self-report assessments that also examined combat experiences, depressive symptoms, unit support, and post-deployment social support. The researchers

established a cut-off score on the PCL-M to identify veterans with PTSD. Among the 272 Active and Reserve component veterans from all services who participated in the study as volunteer respondents from the state of Connecticut, those in the PTSD group scored lower on the CD-RISC (less resilience) than those in the no-PTSD group. In addition, regression analysis techniques suggested that scores measuring psychological resilience on the CD-RISC and post deployment social support were negatively associated with PTSD and depressive symptoms.

The authors of the study adequately addressed the limitations in their study, one of which involved the cross-sectional nature of the study. The cross-sectional study provided a “snap-shot” in time on the behavioral health of OEF/OIF veterans. They addressed this limitation by emphasizing the need for longitudinal studies that examine the role of resilience and support factors over time. Pietrzak et al., (2009a) convincingly conclude that resilience and social support may be protective against traumatic stress and depressive symptoms by a host of mechanisms. Those mechanisms include: decreased hypothalamic-pituitary-adrenal axis reactivity, decreased stress related physiological arousal, decreased fear-related appraisals and cognitions, improved emotional regulation, and enhanced self-efficacy and control. Several of those mechanisms shed light on the importance of adopting a biopsychosocial perspective in the consideration of future research and applications.