

Warrior Resilience Training in Operation Iraqi Freedom: Combining Rational Emotive Behavior Therapy, Resiliency, and Positive Psychology

MAJ Thomas Jarrett, MS, USA

ABSTRACT

Warrior Resilience Training (WRT) is an educational class designed to enhance Warrior resilience, thriving, and posttraumatic growth for Soldiers deployed in Operation Iraqi Freedom. Warrior Resilience Training uses rational emotive behavior therapy (REBT), Army leadership principles, and positive psychology as a vehicle for students to apply resilient philosophies derived from Army Warrior Ethos, Stoic philosophy, and the survivor and resiliency literature. Students in WRT are trained to focus upon virtue, character, and emotional self-regulation by constructing and maintaining a personal resiliency philosophy that emphasizes critical thinking, rationality, virtue, and Warrior Ethos. The author, an Army licensed clinical social worker, executive coach, REBT doctoral fellow, and former Special Forces noncommissioned officer, describes his initial experience teaching WRT during Operation Iraqi Freedom to combat medics and Soldiers from 2005 to 2006, and his experience as a leader of a combat stress control prevention team currently in Iraq offering mobile WRT classes in-theater. Warrior Resilience Training rationale, curriculum, variants (like Warrior Family Resilience Training), and feedback are included, with suggestions as to how behavioral health providers and combat stress control teams might better integrate their services with leaders, chaplains, and commands to better market combat stress resiliency, reduce barriers to care, and promote force preservation. Informal analysis of class feedback from 1168 respondents regarding WRT reception and utilization is examined.

From the *Army Leadership Manual*¹:

The Warrior Ethos is a component of character. It shapes and guides what a Soldier does. It is linked tightly to Army values such as personal courage, loyalty to comrades, and dedication to duty. (page 4-51)



Beliefs matter because they help people understand their experiences. Those experiences provide a start point for what to do in everyday situations. Beliefs are convictions people hold as true. Values are deep-seated personal beliefs that shape a person's behavior. Values and beliefs are central to character. (page 4-57)



Good leaders control their emotions...Maintaining self-control inspires calm confidence in the team...Leaders who lose their self-control cannot expect those that follow them to maintain theirs. (page 6-20)



Self-control, balance, and stability also assist making the right ethical choices. An ethical leader successfully applies ethical principles to decision making and retains self-control. Leaders cannot be at the mercy of emotion. It is critical for leaders to remain calm under pressure and expend energy on things they can positively influence and not worry about things they cannot affect. (page 6-22)

WARRIOR RESILIENCE TRAINING HISTORY AND RATIONALE

The Mental Health Advisory Team IV report,² released in November of 2006, indicated that 17% of the surveyed Soldiers who reported medium combat exposure screened positive for combined mental health problems, including depression, anxiety, and acute stress reactions (posttraumatic stress disorder (PTSD)), while positive screenings were indicated for 30% of Soldiers with high combat experience. A full 37% of those Soldiers and Marines who screened positive for mental health problems reported not trusting mental health professionals, fear of stigmatization or being perceived as weak, and being treated differently if they use available services. Other research confirmed persistent and pervasive Soldier fear of stigmatization as a barrier to care for utilization of behavioral health services,³ despite the presence of Army combat stress control units in theater designed specifically to provide prevention and reduce barriers through combat operational stress control doctrine, and predeployment combat training.⁴

From November 2005 to July 2006, I served as a behavioral health officer for an area support medical company supporting 30,000 to 50,000 Warriors at Camp Liberty, Iraq. My experience in theater confirmed the MHAT IV observations firsthand, including institutional bias, Soldier resistance toward behavioral health services, and difficulty providing social work outreach due to an excessive caseload. There was a need for a Warrior-oriented, combat stress prevention class that could attract, instruct, and psychologically inoculate Warriors against continued combat operational and home front stressors.⁵ Such a class would need a psychological, standardized self-help system, like rational emotive behavior therapy (REBT),⁶ which I used in time-limited interventions in theater. A class appealing to Warriors would also gain support from their leaders if designed and marketed from a coaching and leadership resiliency approach, focused on assisting Warriors to “return with honor,” versus cataloguing their deficits. Using insights and philosophies derived from the survivor, resiliency, and prisoner of war literature,⁷ Stoic philosophy (the genesis of REBT),⁸ Army Warrior Ethos, and Army Values,⁹ a WRT evening class and a WRT medic training course were initiated in December 2005, at Camp Liberty, Iraq.

THEORETICAL FOUNDATIONS OF WARRIOR RESILIENCE TRAINING: RATIONAL EMOTIVE BEHAVIOR THERAPY

Dr Albert Ellis,¹⁰ often referred to as the “Grandfather” of cognitive therapy, started the cognitive and philosophical counseling revolution in 1955, introducing his trademark “ABC Theory of Emotions” to assist clients to identify and dispute irrational beliefs which create emotional suffering and block personal fulfillment. He often referenced Epictetus, the well-known Stoic philosopher, who said “man is not disturbed by events, but the view he takes of them.”¹¹ This view alone predated cognitive therapy by 2 millennium. REBT researchers have produced hundreds of studies supporting the clinical utility of REBT as an evidence-based practice. Dr Ellis virtually pioneered the psychology self-help field, authoring over 80 books on REBT applications, as well as audio and videotapes, with international REBT centers worldwide promoting “rational living.”¹²

Ellis credited his system heavily to his study of philosophy, especially Stoicism.⁶ Ellis cited Roman Emperor Marcus Aurelius (author of *Meditations*)¹³ and Epictetus as being highly influential in his creation of REBT, which encourages self-discipline, rationality, and the adoption of a resilient, adaptive mindset, despite external adversity. REBT appeals especially well to Warriors, who I have found to be often suspect of dependent or overly expressive therapies, just as Stoicism itself appealed to famous students like Roman Emperor Marcus Aurelius¹³ and Admiral James Stockdale, a senior Naval aviator who credited the system with assisting him in his survival of captivity and torture for over 7 years in North Vietnam as the ranking prisoner of war among the officers.⁷ REBT naturally shares some principles with the combat stress control doctrine of BICEPS^{4(p1-7)} as well:

Brevity—REBT is a time limited approach. REBT therapists train as if each session could be the last, assisting clients rapidly identify and replace maladaptive behaviors and emotions.

Immediacy—employed directly by combat stress prevention teams, and the Soldiers themselves who receive training.

Contact—teaching REBT fundamentals to Soldiers and Leadership together.

Expectancy of recovery—REBT maintains that humans can overcome their current issues and also

Warrior Resilience Training in Operation Iraqi Freedom: Combining Rational Emotive Behavior Therapy, Resiliency, and Positive Psychology

deal effectively with a destructive past, including traumas.

Proximity—REBT is taught at the unit level to Soldiers, medics, peer-coaches, and leaders, and is practiced in the Army Medical Department course for mental health technicians (military occupational specialty 68X).

Simplicity—the ABC theory is easily taught, with clients rapidly mastering the A-B-C model. It is used from school-aged children to executives in business (rational emotive behavior coaching).

For example, after experiencing a noxious **a**ctivating event (A), Soldiers generate perceptions or **b**eliefs (B) about the event, producing emotional and behavioral **c**onsequences (C). Soldiers are taught to identify and vigorously **d**ispute (D) those irrational beliefs which are irrational or goal-thwarting. The most common irrational processes (similar to cognitive therapy's cognitive distortions), which guarantee a "recipe for suffering" include: Shoulds/Musts/Demands, "Awfulizing" or "Catastrophizing," Low Frustration Tolerance, and Self/Other Negative Rating or Blaming. I concur with other REBT practitioners that controlling or over-controlling could easily be the fifth REBT Irrational Process, and is itself the antithesis of Stoicism. Soldiers rehearse new Effective Beliefs producing more manageable emotions (sorrow and grief versus depression, or frustration versus rage) and adaptive behavioral choices that lead to goal attainment and Warrior performance. REBT works equally well as a therapeutic intervention then self-coaching model, when clients are trained by a qualified REBT therapist or coach.

VIRTUE, CHARACTER, STOICISM, AND WARRIOR ETHOS

The focus of WRT on virtue and character, aside from Army Leadership,^{1,14} is also supported by positive psychological research which classified universal "character strengths and virtues."¹⁵ Seligman,¹⁶ (who coined the term "learned optimism") and Peterson¹⁵ catalogued 6 core virtues—wisdom, courage, humanity, justice, temperance, and transcendence—along with 18 supportive and underlying character strengths which are described as mechanisms which define and support these "virtues in action." Whereas the fourth edition of *Diagnostic and Statistical Manual of Mental Disorders*¹⁷ and previous versions have exclusively focused upon pathology, mental disorder

classification, and diagnoses (including personality disorders, formerly known as character disorders), the positive psychological virtue and strengths-based approach (heralding back to ancient philosophy) uses a research-grounded classification system of what is exemplary in humans, morally superior, and accepted universally as virtues.

Character and virtue-based counseling approaches have relevance for Army Warriors who live by similar virtues and values as in the 7 Army values of loyalty, duty, respect, selfless service, honor, integrity, and personal courage. Other codes that dictate standards and demeanor for Warriors on and off the battlefield include the Code of Conduct, rules of engagement, the Geneva Convention, and the Noncommissioned Officer and Ranger Creeds, which are all aimed towards standardizing ethical behavior, agreed upon martial virtues, and honor for professional Warriors.^{1,9} Positive psychology is a natural choice for Warriors as it also firmly grounded in Aristotelian principles of virtue and ethical behavior. Jorgensen and Nafstad¹⁸ note:

The Aristotelian model focuses on the virtuous individual and those inner traits, dispositions and motives that qualify the individual to be virtuous, virtue of thought and virtue of character: "Virtue of thought arises and grows mostly from teaching; that is why it needs experience and time. Virtue of character results from habit (ethos)."¹⁹...the concept of good character constitutes, as shown, one of the conceptual cornerstones of positive psychology.

STOICISM

Greco-Roman Stoicism, flourishing from 300 BC to approximately 450 AD and still influential today, is a practical system of philosophy which promotes self-control, personal fortitude, detachment, and civic responsibility through moral excellence, rationality, and vigorous management of perceptions and evaluations. Stoic cardinal virtues were wisdom, courage, justice, and temperance, with humanity and transcendence additionally recognized in modern positive psychology. Well-known and often quoted Stoics include Epictetus,¹¹ Marcus Aurelius,¹³ Seneca,²⁰ and Cicero.²⁰ Sherman²¹ describes the ancient and ever-present influence Stoicism still holds on the Western Warrior military mindset:

The Stoics offer important lessons for the military, and, I would urge, for civilians as well. They give guidance

in shaping a character education that takes seriously the values of discipline and self-mastery, while recognizing our dependence upon others not only in small communities, but also globally.²¹

MEDIC WARRIOR RESILIENCE TRAINING, 2005-2006

Medics were a natural choice to cross-train in WRT coaching due to their direct daily contact with combat Soldiers. WRT medics studied doctrinal combat stress control material, emphasizing combat stress education and prevention along with resiliency, thriving (similar to Army adaptive stress reaction), and the posttraumatic growth literature.²² The goal was to assist medics to help reduce Soldier barriers to care, while learning basic REBT coaching skills that could assist them in serving Soldiers and reduce their own compassion fatigue, which is promoted in the Army provider resiliency training.^{23*} Their role then was similar to the current Battlemind[†] medic or unit behavioral health advocates who receive mental health cross training as a force multiplier. Over 8 two-hour training sessions, voluntary WRT combat medic students learned REBT principles, applied the resiliency and survivor literature to Soldier scenarios,²⁴ participated in peer-coach training (including evocative role plays related to deployment stress), and examined Army Values and Warrior Ethos as a source of resiliency. They also studied Stoic principle sources and commentaries and firsthand accounts of prisoner of war survivors such as Admiral Stockdale and Victor Frankl,^{7,25} while examining other Warrior codes such as Japanese Bushido, which influenced the Army 7 Values selection in 1991. WRT medics routinely practiced evocative, live, REBT coaching sessions with a Soldier who role-played highly distressed, theater-specific combat stress and relationship issues, including strong reluctance to visit behavioral health. All medics reported that this was the most valuable training they received.

PUBLIC WARRIOR RESILIENCE TRAINING CLASS

In addition to the WRT medic course, a public WRT class met 5 times weekly, reviewing basic REBT self-help principles, resiliency fundamentals, and Warrior Ethos virtue ethics. Each 90-minute session reviewed these same fundamentals as student composition continually varied due to operational demands. WRT classes were offered at 2 locations, 5 times weekly,

along with mobile class versions offered for units such as infantry, military police, explosive ordnance disposal, and combat engineer on Camp Liberty. Typical attendance averaged 6 to 12 Soldiers nightly, with most referrals having been made personally by other class members. Providers, including physicians, physician's assistants, and chaplains, as well as other officers, also attended, contributing to the ongoing resiliency dialogue and growth. Those chaplains who attended were especially supportive of any mental health provider who spoke openly about moral integrity, virtue, ethics, and character strength. I am currently designing a resiliency summit with the chaplains in theater.

INFORMAL OUTCOMES, 2005-2006

As WRT was an optional class rather than an intervention or formal Army program, an outcome study was not conducted, though it would have been valuable. Personal exit qualitative interviews and multiple command letters of support suggested the course's popularity. An article in the June 25, 2006 issue of the US Army 4th Infantry Division's newspaper (published and distributed in Iraq), *The Ivy Leaf*, entitled "Learning Stoic ABCs: Warrior resilience trainers help Soldiers maintain mental, emotional health in Iraq," the WRT program was described as a vehicle "To better train combat medics, senior noncommissioned officers and 'highly motivated E-4 and above'...in 'Warrior' or Stoic methods of cognitive behavioral peer counseling...the progressive sessions prepare Soldiers to be unit peer advocates for emotional health and resiliency, as well as the key referral source for Soldiers who need formal counseling, and a resource in potential emergencies."²⁶ An article with a title that includes "Stoicism gives troops 'armor for the soul'" appeared in the *Atlanta Journal-Constitution* on March 29, 2006.²⁷ Warrior resiliency training predated the *Field Manual 4-02.51* suggestion that "Soldier peer mentors...[be] trained to provide COSC [combat operational stress control] help-in-place assistance for COSC information to peers."^{4(p5-1)}

Upon redeployment, a 4-session, 8-hour Family readiness group leader's training version of WRT called the Warrior Family Resilience Training (WFRT) Program was developed for Fort Drum Social Work Services and Operation Ready in February 2007, and a WRT poster was presented by the author at the 2007 Force Health Protection Conference. While I was a Behavioral Health Consultant in the 98th Combat

*See related article on page 57.

†See related article on page 66.

Warrior Resilience Training in Operation Iraqi Freedom: Combining Rational Emotive Behavior Therapy, Resiliency, and Positive Psychology

Stress Control Detachment, I drew upon my Special Forces background to help design an adaptation of the WRT medic class, called Elite Warrior Resilience Training (EWRT), in October 2007 for the 1st Special Forces Group Surgeon. A 6-part WFRT was conducted for the 62nd Medical Brigade and 1st Special Forces Family Readiness Group leaders at Fort Lewis from March to April 2008. I have also presented WRT for the Warrior Resilience Program at the Army Medical Department.

THE WARRIOR RESILIENCE TRAINING CLASS TODAY IN OPERATION IRAQI FREEDOM

As of September 14, 2008, over 160 WRT classes, with approximately 4,500 participants, have been conducted by the 98th Combat Stress Control (CSC) Multi-National Division Baghdad Prevention team in Operation Iraqi Freedom. The current version, "Warrior Resilience Training: Thriving, not Just Surviving Through Your Combat Deployment," consists of a standardized, 90-minute presentation which reviews combat operational stress reaction stress-inoculation principles, resiliency, and posttraumatic growth principles, Warrior Ethos, Army Values, and REBT self-coaching, including a special portion which relates the Army Values to Family values. The presentation is delivered in an interactional

fashion using a PowerPoint slideshow or notes, and is always copresented with both officer and enlisted prevention team members when possible. Soldiers are asked to examine their own resiliency and Warrior philosophies regarding family separation, loss, unit conflict, and combat operational stress. WRT uses (with permission) resiliency and thriving material and self-assessment tools produced by Al Siebert.^{24,28} We recommend that Soldiers continue their resiliency self-education, providing online resiliency resources produced by the Army Battlemind Training Office, and other well known authors like Dave Grossman,⁵ who trained our combat stress control unit with his signature "The Bulletproof Mind" lecture prior to our deployment.

FEEDBACK FROM WARRIOR RESILIENCE TRAINING

Use of an anonymous, 5-question feedback form, shown in the Figure, was initiated on July 14, 2008, with the goal of improving the WRT class and gauging content comprehension and relevancy. Unit members are voluntarily surveyed upon completion of a WRT class. An optional follow-up contact is offered, if Soldiers choose to provide an email to be contacted within 60 to 90 days. As of September 12, 2008, data from 1,168 surveys have been collated. That data suggests some very positive trends regarding WRT

98th Combat Stress Control Detachment Warrior Resilience Training Feedback Form					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I now understand and can recognize posttraumatic growth at least as well as I understand and recognize posttraumatic stress disorder. [mean=4.13/82.7 percentile]	1	2	3	4	5
2. I believe that I can and will be strengthened through my deployment experiences, even when they are negative or painful. [mean=4.27/85.4 percentile]	1	2	3	4	5
3. Compared to other Army combat stress, suicide awareness, or resiliency briefings I have attended (including Battlemind), I believe this training will be more useful in managing deployment, combat, and real-life stressors. [mean=4.17/83.4 percentile]	1	2	3	4	5
4. The instructor(s) were professional and effective in conveying the training. [mean=4.60/92.1 percentile]	1	2	3	4	5
5. I believe this training will assist me to become more resilient and learn to thrive during this deployment and when I return home. [mean=4.19/83.9 percentile]	1	2	3	4	5

Representation of the feedback form offered to participants at the conclusion of Warrior Resilience Training classes, from July 14 to September 12, 2008. The results from 900 completed forms were collated. The mean score and percentile ranking for each question is shown in the brackets.

Note: Means rounded to nearest hundredth and percentile to nearest tenth, using unadjusted means.

acceptance as a class, and Soldier recognition of resiliency and posttraumatic growth as a real potential deployment outcome, rather than combat operational stress reactions or posttraumatic stress disorder alone. Written feedback comments collected from Soldiers in ranks from Private to Colonel, including almost every military occupational skill, routinely suggest that WRT is a highly beneficial combat stress control class, rivaling stress, anger management, combat stress, or resiliency classes previously received in theater or stateside. Respondents often recommend that WRT classes be taught as doctrine. Four examples, used with permission, illustrate typical feedback (all feedback forms are available from the author for review):

One of the best combat stress courses I have ever seen, this course should be at the top of the list of deploying units.

Staff Sergeant, explosive ordnance disposal, 7/14/08

The single most beneficial mental health training I have received in 15 years in the Army. This training needs to be doctrine. Place in DVD with links to web and push out to DoD.

Commander, explosive ordnance disposal unit, 7/14/06

Very informative, recommend this be a part of predeployment and reintegration training.

Command Sergeant Major, commander's conference,
8/6/08

All soldiers should go to this training. Very, very helpful.

1st Sergeant, commander's conference, 8/6/08

WARRIOR RESILIENCE TRAINING AND BATTLEMIND

Other typical comments suggest that WRT confirms personal philosophies regarding human resiliency and potential that Soldiers have long endorsed, yet had never been conveyed or reinforced by Army mental health practitioners—the exception being the Chaplain Corps, which again is usually most supportive of WRT. The 98th CSC Prevention Team endorses and teaches Army Battlemind as an officially sanctioned resiliency program, with empirical support and Warrior, Spouse, and medic versions. However WRT classes focus specifically on resilient virtues, character, and leadership qualities more than psychoeducation or stress inoculation strategies normalizing combat operational stress reactions. Experience in Iraq has revealed that completion of Battlemind training is still rarely reported by Soldiers, who are directly asked if they have received

Battlemind training and are often shown the Battlemind acronym. It is possible that this valuable training is one of many classes to which beleaguered Soldiers are exposed prior to their combat or deployment-specific training. The Battlemind Warrior resiliency version shares some similarities with the WRT products from a stress inoculation and Warrior Ethos standpoint, with the term “Warrior resiliency” possibly having been influenced by earlier Warrior Resilience Training.

DISCUSSION

WRT provides a missing bridge and alloy between Warrior Ethos, leadership, ethics, and current Army combat stress management or resiliency training programs. Soldiers must be made aware of their tremendous capacity to not only endure, but thrive through their combat deployment experiences and home front stressors, and return with honor. They should be trained to recognize and anticipate posttraumatic growth, as well as combat operational stress and PTSD symptoms. Most Soldiers will not attend survival, evasion, resistance, and escape training, or become Special Forces or Rangers operators, yet they deserve elite mental training to endure combat. Resiliency, rationality, virtue, ethics, and Warrior Ethos, grounded in a positive psychological framework that affirms the human spirit, can be integrated together, taught to, and modeled by our military leaders, Chaplains, behavioral health practitioners, and the Soldiers themselves. Resiliency can be strengthened in Army Families as well, who are also part of the Warrior culture. Our nation, comprised of virtually every race on earth, represents one of the most resilient alloys in human history. The US Army demands an excellence of character and advanced resiliency that must be continually cultivated to sustain an all-volunteer force. Army Values, Warrior Ethos, and leadership are critical foundations of Army resiliency training that can be skillfully integrated into a model promoting internal combat stress control. Warrior Resilience Training represents a pilot study of what such an alloy might produce. If, as Epicurus said, “Empty is the argument of any philosopher which does not relieve any human suffering,”²⁰ then WRT is making an effective opening argument that is both relieving suffering and promoting Warrior resilience, thriving, and recognition of posttraumatic growth opportunities.

Warrior Resilience Training in Operation Iraqi Freedom: Combining Rational Emotive Behavior Therapy, Resiliency, and Positive Psychology

REFERENCES

1. *Field Manual 6-22: Army Leadership: Confident, Competent, and Agile*. Washington, DC: US Dept of the Army; 12 October 2006.
2. *Mental Health Advisory Team (MHAT) IV Operation Iraqi Freedom 05-07 Final Report*. Washington, DC: Office of The Surgeon General, US Dept of the Army; November 17, 2006. Available at: http://www.armymedicine.army.mil/reports/mhat/mhat_iv/MHAT_IV_Report_17NOV06.pdf.
3. Hoge CW, Castro CA, Messer SC, McGurk D, Cotting DL, Koffman MD. Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New Engl J Med*. 2004;351(1):13-22.
4. *Field Manual 4-02-51. Combat and Operational Stress Control*. Washington, DC: US Dept of the Army; 6 July 2006.
5. Grossman DA, Christensen LW. *On Combat: The Psychology and Physiology of Deadly Conflict in War and Peace*. Belleville, IL: PPCT Research Publications; 2004.
6. Ellis A. *Reason and Emotion in Psychotherapy : A Comprehensive Method of Treating Human Disturbances: Revised and Updated*. New York: Lyle Stewart/Birch Lane Press; 1994.
7. Stockdale JB. *Courage Under Fire: Testing Epictetus' Doctrines in a Laboratory of Human Behavior*. Stanford, CA: Hoover Institution Press; 1993.
8. Sherman N. *Stoic Warriors: The Ancient Philosophy Behind the Military Mind*. New York: Oxford University Press; 2005.
9. Soldier Life web page, GoArmy website. Living the Army Values. US Dept of the Army. Available at: http://www.goarmy.com/life/living_the_army_values.jsp. Accessed October 11, 2006.
10. Burns D, Velten E. *The Lives of Albert Ellis: The Authorized Biography*. Tucson, AZ: See Sharp Press; 2006.
11. Long AA. *Epictetus: A Stoic and Socratic Guide to Life*. New York: Oxford University Press; 2002.
12. David D, Szentagotai Z, Kallay E, Macavei B. A synopsis of rational-emotive behavior therapy (REBT); fundamental and applied research. *J Rationl-Emtv Cogn-Behav Ther*. 2005;23(3):175-221.
13. Hadot P, Chase M. *The Inner Citadel: the Meditations of Marcus Aurelius*. Cambridge, MA: Harvard University Press; 1998.
14. *Field Manual 22-51: Leaders' Manual for Combat Stress Control*. Washington, DC: US Dept of the Army; 29 September 1994.
15. Peterson C, Seligman MEP, eds. *Character Strengths and Virtues: A Handbook and Classification*. New York: Oxford University Press; 2004.
16. Seligman MEP. *Learned Optimism: How to Change Your Mind and Your Life*. New York: Alfred A. Knopf, Inc; 1991.
17. *Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (Text Revision)*. Washington, DC: American Psychiatric Association; 1994.
18. Jorgensen IS, Nafstad HE. Positive psychology: historical, philosophical, and epistemological perspectives. In: Peterson C, Seligman MEP, eds. *Positive Psychology in Practice*. New York: John Wiley & Sons; 2004:20.
19. Aristotle. *Nicomachean Ethics*. Crisp R, trans. New York: Oxford University Press; 2000.
20. Long AA, Sedley DN. *The Hellenistic Philosophers*. Vol 1. Cambridge, England: Cambridge University Press; 1987.
21. Sherman N. Educating the stoic warrior. In: Damon W, ed. *Bringing in a New Era of Character Education*. Stanford, CA: Hoover Press 2005.
22. Calhoun LG, Tedeshi RG, eds. *Handbook of Posttraumatic Growth: Research and Practice*. Mahwah, NJ: Lawrence Erlbaum Associates; 2006.
23. Figley CR, ed. *Compassion Fatigue: Secondary Traumatic Stress Disorders from Treating the Traumatized*. New York: Brunner/Mazel; 1995.
24. Siebert A. *The Survivor Personality*. New York: Berkeley Publishing Group; 1996.
25. Frankl VE. *Man's Search for Meaning: An Introduction to Logotherapy*. New York, NY: Pocket Books, Simon & Schuster; 1963.
26. Mott M. Learning Stoic ABCs: Warrior resilience training helps Soldiers maintain mental, emotional health in Iraq. *The Ivy Leaf*. 2006;1(12):11.
27. Basu M. Georgia's Guard: the 48th in Iraq: stoicism gives troops "armor for the soul". *Atlanta Journal-Constitution*. March 29, 2006:F1.
28. Siebert A. *The Resiliency Advantage: Master Change, Thrive Under Pressure, and Bounce Back from Setbacks*. San Francisco, CA: Berrett-Koehler Publishers; 2005.

AUTHOR

MAJ Jarrett is the Prevention Team Officer-in-Charge, Victory Base Camp and Multi-National Division, Baghdad, Iraq. He is deployed from the 98th Combat Stress Control Detachment, Fort Lewis, Washington.