

**THE RELATIONSHIP BETWEEN EXPERIENCES IN
THE SOUTH AFRICAN SPECIAL FORCES AND
CURRENT LEVELS OF WELL-BEING AND SENSE OF
COHERENCE**

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“The god of war hates those who hesitate” Euripides: Heraclidae, c, 425 Bc

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SUMMARY

THE RELATIONSHIP BETWEEN EXPERIENCES IN THE SOUTH AFRICAN SPECIAL FORCES AND CURRENT LEVELS OF WELL-BEING AND SENSE OF COHERENCE

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War inevitably impacts on the lives of soldiers who participate in them. The impact often suggests a negative nature, leaving some soldiers with permanent physical and emotional scars. Some soldiers will return from war suffering from several psychological disorders as the result of their exposure to combat trauma. Pathologies such as post-traumatic stress disorders, anxiety and mood disorders are not uncommon. Yet, for others war has provided them with numerous positive experiences from which they can find meaning for themselves. It was Aaron Antonovsky who developed the idea of salutogenesis, mainly focussing on the psychological factors that allow individuals to find meaning in their adversity.

This study attempts to investigate the impact of service rendered in the South African Special Forces during the Angolan war on current levels of well-being and sense of coherence amongst former Special Forces members. It is commonly known that these soldiers were exposed to severe battle related conditions, often working behind enemy lines for unknown periods of time whilst being self-reliant. It would seem that most of these soldiers have adapted adequately to society 15 years after their participation in the Angolan war (South Africa's "Border War"). Some of these soldiers have achieved success in many different ways after leaving Special Forces. Some have

embarked into the world of business and others chose professional careers and then there are those who became successful entrepreneurs.

A sample of 32 respondents was collected. All of the respondents were members of the South African Special Forces during the Angolan war but have resigned since. The respondents were requested to complete a questionnaire consisting of a biographical information section, Antonovsky's 13-item Orientation to Life Questionnaire (OLQ) and Diener's Satisfaction With Life Scale (SWLS). The purpose was to determine the respondents' current sense of coherence and level of well-being and to determine to what extent service in Special Forces has contributed to these levels.

Descriptive and inferential statistics were used to analyse the data. Inferential statistics included Chi-square, Fisher's exact test, Spearman correlation coefficient and the t-test. Analysis of data suggests that the sample currently measures high on both levels of sense of coherence and well-being. The means of both OLQ and SWLS of this sample compare higher to any other samples they were administered to. However, statistically no clear correlation could be determined between service rendered in Special Forces and current levels of well-being. Respondents did however indicate that they feel that their service in Special Forces did have a positive impact on their lives and their current levels of functioning.

KEY WORDS

WAR, COMBAT STRESS REACTION, POST TRAUMATIC STRESS DISORDER, POSITIVE PSYCHOLOGY, SALUTOGENESIS, SENSE OF COHERENCE, WELL-BEING, ORIENTATION TO LIFE QUESTIONNAIRE, SATISFACTION WITH LIFE SCALE.

CHAPTER ONE

INTRODUCTION AND ORIENTATION

1.1. BACKGROUND TO STUDY

“A psychiatrist with the United States Eight Air Forces described how a B-17 bomber pilot was able to come seemingly untouched through a dreadful experience: On his tenth mission the plane in front of him exploded, and what he took for a piece of debris flew back towards him. It turned out to be a body of one of the gunners, which hit directly the Number Two propeller. The body was splattered over the windscreen and frozen there. In order to see, the pilot had to borrow a knife from the engineer to scrape the windscreen. He had a momentary twinge of nausea, but the incident meant but little to him. Two missions later, his own plane and crew were heavily damaged and he was himself involved in an emotionally distressing event. Memories of the first event came back to haunt and disturbed him. He could no longer fly.”

----- Ben Sheppard (2000, p xviii).

The South African military includes the Army, Navy (SAN), Air Force (SAAF) and the Medical Health Services (SAMHS). Power (1991) indicated that these forces include personnel who are likely to be exposed to combat. Their work carries the risk of personal death or injury, as well as the possibility of being made prisoners of war. Other risks are low morale, adjustment difficulties and separation from family structures, victimization, drug and alcohol abuse and severe emotional and physical stress as a result of services rendered in the armed forces (Power, 1991). They are prepared for operational tasks during their training, which is based on the assumption that those who are more fully informed about what to expect will be able to cope better.

Noy (1991) suggests that the normal everyday death anxiety, which is rationally and irrationally dealt with, is especially difficult to deal with in combat. When a soldier's resources have been depleted due to prolonged exposure to combat trauma the risk of developing combat stress reaction (CSR) increases. CSR casualties are those soldiers who are evacuated from the battlefield with a reason other than a direct hit by enemy fire, which includes somatic and behavioural manifestations (Noy, 1991).

Even with the most advanced professional training, some soldiers are still likely to develop CSR. The soldiers whose resources have been depleted may feel inadequate in dealing with the mounting anxiety and stress of combat exposure, thus inevitably failing to function effectively in combat. This breaking point of losing one's adaptability and control of the situation is traumatic. As a consequence, the personality is flooded with feelings of helplessness and vulnerability. This is the starting point for CSR and in some cases the onset of post-traumatic stress disorder is imminent (Noy, 1991).

Much literature is devoted towards the negative impact war has on soldiers. Terminology such as "war neurosis", "shell shock", "battle fatigue" and post-traumatic stress disorder has been in the wake of any post war societal response. In Ben Sheppard's (2000) book "War of Nerves" he revisits the past in an attempt to understand the fixation psychology and psychiatry have on patients who suffered from severe exposure to stress and trauma.

The Vietnam War changed the traditional perception of war in America during the sixties and early seventies through the coverage of the war by the media. The media assisted in the development of the post-traumatic stress disorder terminology by publishing reports of soldiers' negative experiences of the war. This frenzy came to exploit every possible emotional reaction soldiers had of their experience in Vietnam. The following quotation illustrates the power the media had of recreating a Vietnam Veteran's trauma during the war:

"The bouncing-betty had burst from the ground and exploded a few inches from my left hip. As I woke up in the hospital my left arm lay across my stomach. I

watched as the nurse picked it up, slid my wedding ring off its finger and unbuckled my watch. The orderly handed the nurse a plastic bag in which she dropped my arm. Maybe they could sew it back on, I thought. But I was kidding myself. What the nurse dropped in the bag was my hand, wrist and three quarters of my forearm – it was gone forever (Downs, 1988, p. 4)."

It is estimated that close to 10 000 Vietnam Veterans have committed or attempted suicide since the end of the war (Lindy, 1988). One can only speculate how many of these suicides could be the result of suffering from CSR in the Vietnam War. Although it is dangerous to assume that CSR results in suicide, studies have indicated that a strong correlation exists between CSR symptoms such as depression, hopelessness, anxiety and suicide (Sue, Sue & Sue 1994).

Most of the research done on CSR by Taylor and Noy was gathered from the General Infantry (GI), in which results date back from the First World War (WW I) up until the Israeli's Yom Kippur War. Within these forces specially selected soldiers were required to execute more advanced and specialised tasks such as long-term clandestine reconnaissance behind enemy lines, or sabotage of specific strategic obstacles using demolitions. These soldiers became known as Special Forces operators. Although these soldiers faced the reality of death and annihilation more often than the average GI, they seemed to have an ability to withstand the extended impact of CSR.

The South African Special Forces was officially founded in 1972. Its members have served in most Southern African countries. They were specially selected and trained as an effective fighting unit in battle. These men live by their credo "We fear naught but God". Their main theatres of operations were in Angola and most Southern African countries during the middle seventies to the late eighties (Stiff, 1999).

The contribution of South African Special Forces in conflict is significant and many operational successes were the direct result of Special Forces' intervention and contribution.

These elite soldiers have grabbed the imagination of the public and commonly became known as the “Recces” (abbreviation for reconnaissance soldiers). It was after the capture of Capt W. du Toit that the veil of secrecy was lifted on this elite group of soldiers (Els, 2000). Capt du Toit was part of a small team whose aim was to execute reconnaissance on strategic targets in Angola. Their team was compromised and after a skirmish with enemy forces Capt du Toit was captured, whilst some team members escaped and others were fatally wounded.

It has been fifteen years after the signing of Resolution 435, which declared the end of the Angolan war (South Africa’s “Border War”) and the independence of Namibia (Stiff, 1999). Many of these soldiers have adapted successfully to post war life. Some are still serving in Special Forces and others have left to establish themselves successfully in the private sector/civilian life. It would seem that these soldiers adapted to the fear and stress resulting from the exposure to combat, as most of these soldiers function effectively in society today.

As indicated much effort has been spent on understanding how soldiers come to develop pathologies based on their experiences in war. There remains still much to consider when investigating those who have positively gained from their experiences. By adopting a positive frame one can start to unravel the dynamics needed for soldiers to survive the emotional onslaught caused by severe stress and trauma.

This research falls in the field of positive psychology. It was after the Second World War (WW II) that psychology became more focussed on the positive characteristics of human nature. According to (Seligman & Csikszentmihalyi, 2000), the aim of positive psychology is to catalyse a change in psychology from a preoccupation with repairing the worst things in life to building on the best qualities in life. The field of positive psychology at the subjective level is about positive subjective experiences: well-being, satisfaction, joy, pleasure and happiness as well as future-optimism, hope and faith. On the group level it is about civic virtues and the institution that moves individuals toward better citizens (Seligman & Csikszentmihalyi, 2000).

Ben Shepard (2000) aims to answer recurring questions, why some men have “cracked” under the pressures of war and others have not? In a similar manner this study will attempt to view the world of Special Forces soldiers through the paradigm of positive psychology as apposed to other studies that investigate the development of “war neurosis”, “shell shock”, “battle fatigue” and post-traumatic stress disorders.

By employing the positive psychology paradigm one could focus on the factors that contribute towards optimal functioning. It must be emphasised that there are soldiers that have been exposed to severe war trauma and have not developed CSR. There are many examples of soldiers who have gained from their war experience and for some it even added meaning to their lives, providing them with a sense of self-actualisation.

1.1.1. Salutogenesis

Antonovsky (1979) coined the term “salutogenesis” in 1979. Salutogenesis is the opposite of pathogenesis. This model focuses on the cause of well-being rather than the etiology of pathology (Antonovsky, 1993). It aims to determine how health is created and maintained. This model proposes that an individual creates health and it is more a social than a medical framework (Cowley & Billings, 1999).

Salutogenesis looks at the cases that defy the expectant outcome (Antonovsky, 1987). Therefore, salutogenesis will look at those who were exposed to severe war stress and trauma but did not develop psychological pathologies as the result thereof. According to Antonovsky (1987, p. 13), “*thinking salutogenically not only opens the way for, but compels us to devote our energies to, the formulation and advance of the theory of coping.*” Focussing on salutogenesis, this study will attempt to determine the relationship between member’s perception of their time spent in Special Forces, sense of coherence (SOC) and well-being.

1.1.2. Sense of coherence (SOC)

Sense of coherence is an indication of those who are able to cope with stressors against those who cannot. Antonovsky proposed that the key factor in salutogenesis is a person's sense of coherence. Sense of coherence is "*a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that one's internal and external environments are predictable and that there is a high probability that things will work out as well as can reasonably be expected*" (Antonovsky, 1987, p. 19).

Antonovsky (1987) subdivided SOC into comprehensibility (the manner in which one perceives confronting stimuli), manageability (the manner in which one perceives how resources are available) and meaningfulness (the way in which life makes emotional sense). According to Antonovsky, those classified as having a strong SOC always spoke of areas of life that was important to them, that they very much cared about, which "made sense" to them in the emotional and not only the cognitive meaning of events (Antonovsky, 1987).

1.1.3. Well-being

Waterman (1993) identifies two categories of well-being. The categories are:

- *Hedonic well-being*. This refers to subjective happiness that focuses on happiness based on pleasure seeking and pain avoidance.
- *Eudiamonism well-being*. This refers to the inner self that achieves, according to Maslow's hierarchy of needs, self-actualisation. Waterman (1993, p 679) wrote that it "is an ethical theory that calls people to recognised life in accordance to their true self."

Understanding well-being remains a complex process. Referring to above mentioned distinction of eudaimonic and hedonic conceptions of happiness as opposed to a specific theoretical proposition allowed Ryff and Keyes (1995) to propose their multidimensional model of well-being. Their model is based on six distinct components of positive psychological functioning. In combination, these components include positive evaluation of one's self and one's past life (Self-acceptance), a sense of continued growth and development as a person (Personal Growth), the belief that one's life is purposeful and meaningful (Purpose of Life), the possession of quality relations with others (Positive Relations with Others), the capacity to manage effectively one's life and surrounding world (Environmental Mastery), and a sense of self determination (Autonomy).

The question could be asked what constitutes psychological well-being or happiness. While many researchers attempt to map out the tale of well-being it is not in the scope of this research. However, its concepts and measuring instruments will be employed to gain an understanding of the positive developmental effects of exposure to military and combat experiences and stress.

1.2. AIM OF THE STUDY

Various factors could contribute towards soldiers not developing psychological pathologies as the result of CSR, however this study tends to focus on soldiers' perception of their services as a contributory factor to current levels of well-being and sense of coherence (SOC). Therefore, this study aims to investigate the impact perceptions of experiences of soldiers serving in South Africa's Special Forces have on their current levels of well-being and SOC. When referring to levels of functioning the study focussed on soldiers who have adapted to civilian life after completion of their service in Special Forces.

The core concepts relative to the study include the understanding of **War, Positive Psychology, Salutogenesis, Sense of Coherence (SOC), Well-being and Perceptions of Services Rendered in Special Forces.**

1.3. CHAPTER OUTLINE

Chapter two provides some insight to the context wherein wars are fought. It creates some understanding of what soldiers have to endure when rendering combat service. The impact of being exposed to combat trauma is discussed and the development of combat stress reaction (CSR) and post-traumatic stress disorder (PTSD) as a result of their exposure is illustrated. Following this, the chapter then provides a greater understanding of South African Special Forces with regards to its establishment, service rendered and requirements to become a Special Forces soldier.

Chapter three focuses on the theoretical assumptions of the study. It explains the development of positive psychology as a need for change from traditional approaches. The contribution of Antonovsky's salutogenic approach is explained. His concept of sense of coherence is clarified and its importance to the study is illustrated. A historical development of the concept well-being is provided and the concept of subjective well-being is discussed in detail.

Chapter four outlines the research process that was followed. The positivistic research approach is discussed in detail. The measuring instruments of data collection and the method of data analysis are discussed.

Chapter five presents the results of the data collected. It provides the results that were gained from descriptive and inferential analysis.

Chapter six provides a discussion of the results. It attempts to find meaning in the results with regards to literature. Results are then presented into a meaningful conclusion.

Chapter seven is the concluding chapter. The results of the discussions are presented logically and an attempt is made to provide a synthesis. Recommendations and suggestions for further research in the field of Special Forces are provided.

CHAPTER TWO

REVIEW OF LITERATURE

2.1. INTRODUCTION

From the unit's gate it is approximately 1000m up the hill until you reach the "Hanger" (Parachute Training Centre). As you enter the "Hanger" there is a quote printed in the entrance. It reads: "*Happy are those who dream dreams and are willing to pay the price to see them come true*" – Carl Boenish. This reminds soldiers reporting at 44 Parachute Regiment of what it takes to qualify as paratroopers (airborne soldiers) in the South African National Defence Force (SANDF). Soldiers serving in airborne forces and even more so in special forces often have to find deep inspiration from within to execute their duties in the face of severe physical and mental adversity. Being inspired by a dream allows one to succeed and to overcome the physical and mental challenges when faced with combat adversity.

The purpose of this chapter is to discuss some perceptions regarding war, such as reasons for going to war and some of the experiences soldiers encounter as they fight in wars. An attempt will be made to create the context wherein soldiers are rendering services in combat. This chapter will act as a starting point to illustrate the pathological side of combat exposure. Concepts such as combat stress reaction (CSR) and post traumatic stress disorder (PTSD) are explained theoretically. When soldiers return from the battlefield they often find themselves alienated and isolated from their communities. Motivations for war are often a controversial topic as was the case in the Vietnam War (Downs, 1988). Soldiers returned to their communities but were judged for their participation in these wars. An attempt is made to provide some insight into the difficulty soldiers experience as they attempt to find their place in society. Because of their greater

exposure to adversity and danger it could be expected that Special Forces soldiers would have a higher incidence of combat induced psychological pathologies.

Therefore, the study will investigate soldiers who have served in the South African Special Forces during the Angolan war and how they have adapted in society today. The manner in which these soldiers have adapted to society is measured through their sense of coherence and their well-being. The ideas discussed in the previous paragraph will be explored within the context of the South African Special Forces. The study will illustrate what it takes (emotionally and physically) to qualify as a Special Forces soldier and the requirements these soldiers had to meet during the Angolan war.

2.2. WAR “in context”

When reading “The Hutchinson History of the World” (Roberts, 1976) one can conclude that no century has ever passed without war not having influenced the outcome of human history. It seems that human nature will always be tested with adversities resulting from conflict. Society does manage to resolve conflict but often the nature of the resolution entails war. The core business of war is killing and not being killed. Man is trained to kill the enemy and while he is doing this he tries to avoid being killed himself for the sake of being efficient (Bourke, 1999).

Sun Tzu wrote in his book “The art of war” (two and a half thousand years ago) that: *“The art of war is of vital importance to the state. It is a matter of life and death”* (Clavell, 1981). Sun Tzu was from the Ch’i State in China. Approximately 490 BC he wrote thirteen chapters on the art of war. Ho Lu, the king at the time, approached Sun Tzu requesting him to apply his thoughts on efficient warfare by managing the king’s soldiers to protect the empire. Such was the impact of his philosophies on war that it was translated into several languages and is often included in military doctrine and thought today.

In a similar manner philosophers such as Nietzsche professed the importance of war. Nietzsche felt that man should at all times prepare for war and that peace should be brief. He claimed that it is in war that man can truly find himself and fulfil the meaning of life, which he understood to be ‘the will to power’ (Hollingdale, 1965). Again, Nietzsche proclaimed the importance of war in “The Gay Science” where he welcomes the warlike age that will bring honour and valour to man (Kaufman, 1976).

Soldiering is a serious business in which only a selected few of society flourish. The 1918 Handbook for the 42nd East Lancashire Division exhorted officers to be “*bloodthirsty, and never cease to think how you can best kill the enemy or help your men to do so*” (Bourke, 1999, p. 2). The Greek philosopher Heraclitus prayed that war might cease amongst gods and men but realised that it would be the collapse of everything (Matson, 1987). According to Heraclitus, “*war is everybody’s father and everybody’s king, and for some he shows to be gods and for others men, some he makes slaves and others free*” (Matson, 1987, p. 26). Steven Kull (Glad, 1990) adds to Heraclitus and Nietzsche by describing war as a positive force for cleansing and renewal.

Hegel’s “first man” shares with the animals basic natural desires, such as food, shelter, sleep and above all preservation of life. The “first man” above all desired the need to be recognized by other men and to be recognized as a man (Stace, 1955). This fundamental recognition leads to man’s ability to risk his own life. Thus, in order to be recognized by other men as a man one should be willing to risk one’s life in an encounter. This encounter Hegel referred to as the “bloody battle”, which could end in three possibilities, (a) death of both combatants, (b) the death of one combatant, which will not satisfy the surviving one for no one could then recognize him as man, and (c) the battle could lead to one submitting to the other, fulfilling one participant’s desire (Fukuyama, 1992).

Hobbs (Fukuyama, 1992) agrees with Hegel that men fight more over “trifles” than necessities, in other words over recognition. It seems that the spoils of war are irrelevant, but that the participation in Hegel’s “bloody battle” is the need that has to be satisfied.

Richard Hilary, a Second World War pilot, described how he anticipated his first “bloody battle” before flying in his first combat mission:

“I knew that I had to kill for the first time.... I wondered what he was like, this man I would kill. Was he young, was he fat, would he die with the Fuehrer’s name on his lips, or would he die alone, in the last moment conscious of himself as a man” (Bourke, 1999, p. 30).

Reasons for war might differ over time, but the effect thereof remains the same. As opposed to Hegel and Hobbs, Glad (1990) gave more sublimated reasons for war. Men and women have material and political interests which, in a world of scarce resources and limited positions of power, will bring them into competition with each other. The decision to go to war, for example, can best be seen as a result of several interacting political and psychological factors. Power, relationships, alliance structures, forms of government and competition over scarce resources influence decisions to go to war (Glad, 1990).

Hegel might have created the “bloody battle” but 20th Century man attempted to perfect it. The advancement in technology allows for more efficient combat methods such as weapons of mass destruction, where any form of resistance could be annihilated without suffering any serious losses (Kellet, 1982).

The 20th Century has seen some of the most destructive wars since wars have been fought. The wars referred to are the two World Wars, the “cold war” and the continued struggle for dominance between capitalism and communism in developing countries. Most countries and societies were forced to experience the suffering that was induced by 20th century wars. Many families experienced the loss of family members as the result of their participation in war. Children grew up with war tales of their fathers and grandfathers, creating a tradition of soldiering. A tradition was created where the right of manhood often depended on the way in which one has been involved and performed in

war. Younger generations felt the need to serve their country in the same manner that their fathers and grandfathers did.

Bourke (1999) describes the impact of media on the youth. During both world wars the film industry reflected society's need to create war heroes. Actors like Audie Murphy and John Wayne portrayed characters demolishing the enemy in their attempts to complete missions. Poets such as Wilfred Owen, Siegfried Sassoon and Edmund Blunden wrote about their experiences serving in both World Wars. Films produced of Allied Forces overcoming the enemy in battles such as El Alamein, D-Day (Normandy) and Arnhem, created war heroes for others to be inspired by. Children stopped playing Cowboys and Indians and changed into games re-enacting their fathers' and grandfathers' tales of war. Young boys acted out their fantasies and identified with their fathers through these games. As Allen Hunt remembered why he became a soldier:

“All through my childhood I roamed the woods, playing army and hide and seek. Growing up at home, I had often dreamt about participating in combat, it was an experience that I wanted to acquire” (Bourke, 1999, p. 21).

The boys that would re-enact their fathers' tales soon came to realise the harshness and destructiveness of war. Combat undoubtedly imposes higher risks than any other form of activity that involves significant amounts of people. It is estimated that at the height of the Vietnam War about 10 000 deaths per year occurred in a military population of 500 000, approximately 2000 deaths per 100 000 (Kellet, 1982). The total loss of soldiers' lives in World War I and World War II exceeded millions. Soldiers have to face their fear of annihilation and death in combat, which is pervasive, intense and continues for unknown periods of time. Noy (1991) indicates that the normal everyday death anxiety is either rationally or irrationally dealt with but this becomes especially more difficult to deal with when dealing with added combat stress.

The exposure to battle could have had an impact on people's perceptions of life and death. For the purpose of this study only two main possibilities will be referred to.

Firstly, those who struggle to deal with their experiences that results in the development of psychopathology and secondly, those who find a positive meaning in their experiences. Research still over-emphasizes the relationship between war exposure and psychopathology. However, there are those who have found personal meaning and growth in their experiences and can integrate them in a meaningful manner. These soldiers still need to be explored.

2.3. COMBAT STRESS REACTION

2.3.1. Historical perspective

Research done on war veterans exploring the effect of being exposed to combat trauma indicates that combat exposure can have a decisive impact on the development of psychological problems (Laufer & Frey-Wouters, 1988). The negative impact war has on soldiers is often referred to as Combat Stress Reaction (CSR). CSR was formally recorded for the first time during the American Civil War. The longing to return home during the long campaigns of the American Civil War was termed “nostalgia” for those soldiers who became ineffective during combat (Solomons, 1993).

During World War I artillery and mortar bombardment on enemy defensive lines were the standard operating procedures before ground soldiers would advance onto the enemy. Frontline regiments were exposed to irregular artillery and mortar shelling for days on end. Soldiers in these regiments that were exposed to the mortar shelling for extended periods of time started to ‘break’ emotionally (wanted to be evacuated from the frontline based on psychological reasons). These men became paralysed under shellfire leaving them exhausted and in a state of collapse (Shephard, 2000). The result of continued shelling induced emotional shock/trauma symptoms and was then appropriately titled as “shell shock”. During the post-war analysis the “shell shock” terminology was transformed to what has become commonly known as “war neurosis”. The name change from “shell shock” to “war neurosis” was largely influenced by Sigmund Freud and his followers (Solomons, 1993). Freud introduced the concept that CSR was mainly caused

by the “death instinct” resulting in defence mechanisms attempting to contain unconscious conflict (Freud, 1986).

During World War II General Bradley ordered that soldiers who presented with psychological pathology be referred to as suffering from “combat exhaustion and combat fatigue”. The name change allowed for the inclusion of demands placed on soldiers from the war environment such as the living conditions, weather, constant threat of life, working conditions and the lack of rest and sleep. Therefore, it is not only personality and developmental attributes or unconscious conflict that contributes to the development of CSR but the effect of being exposed to the war has to be taken into consideration as well (Solomons, 1993).

The Israel Defence Force has a non-judgemental taxonomy of combat exhaustion or “war neurosis”. They formally adopted the term CSR when referring to soldiers who suffer emotionally as the result of being exposed to combat trauma. The term CSR expresses the conviction that soldiers’ emotional breakdown is more likely the result of being exposed to massive stress, such as the imminent threat of death and injury or the sight of death and injury to others and/or the physical discomfort experienced when fighting in wars (Solomons, 1993). Soldiers are pushed beyond their boundaries and capabilities, as was the case in the battle of Waterloo where soldiers had to march for several days enduring cold, hunger and fatigue before even setting foot on a battlefield (Keegan & Knightley, 1999).

Kormos (Solomons, 1993) defines CSR as consisting of behaviour by a soldier under conditions of combat who has ceased to function as a combatant. The term CSR allows for a more psychological inclusive approach to emotional distress experienced in war but it still fails to exclude accusations of cowardice, desertion and weakness, which impacts on the treatment strategy. Milgram (1994) lists (1) the destruction of life and limb, (2) deprivation of basic needs such as sleep, food, shelter, and clothing as well as the challenges provided by the terrain and weather conditions as risk factors that induce stress reactions in war. These events could contribute to soldiers developing CSR.

The aftermath of the Vietnam War allowed researchers with more opportunities to re-examine soldiers' experiences that led to the development of psychological pathologies. Several Vietnam veterans struggled to readjust to civilian life after the war. Some struggled to adjust mentally and physically, often encountering sleep disorders, alcohol abuse, experiencing "flash backs", having nightmares and guilt feelings. These symptoms were not isolated incidents and in some populations (those who were exposed to intense combat for extensive time) it was perceived to be common. For the first time the above symptoms were formally connected to a psychological disorder, Post-traumatic Stress Disorder (PTSD), in the Diagnostical Statistical Manual's third edition (DSM III). The DSM III's post-traumatic stress disorder was perceived to be the result of soldiers suffering from traumatic experiences during the Vietnam War (Lindy, 1988).

2.3.2. The Symptomatology of combat stress reaction (CSR)

CSR is the result of soldiers who struggle to deal with their experiences in combat. These soldiers find it difficult to contain their anxiety levels. Kellet (1982) draws distinctions between combat fatigue and combat reaction. Combat reaction develops a few hours or days after intense combat and combat fatigue develops several days after continuous exposure to a combat environment. The stress of combat is notoriously traumatic. Individuals exposed to the imminent threat of death and injury witness the harm to friends and enemy or who participated in killing often fall prey to immediate and/or long-term psychological difficulties (Neria & Koenen, 2002). CSR takes place on or near the battlefield and occurs when soldiers are unable to deal with combat stimuli (Neria & Koenen, 2002).

CSR is defined by several somatic and affective symptoms. These include restlessness, irritability, psychomotor retardation, apathy, psychological withdrawal, startle reactions, anxiety and depression, affective flattening, confusion, abdominal pains, nausea and vomiting, aggressive and hostile behaviours as well as paranoid reactions. Extended research done on the Israeli Defence Force regarding CSR by Solomon, Mikulincer and

Benbenishty (1989) allowed for a more defined taxonomy. Solomon et al. (1989) concluded that CSR could be divided into six main factors:

- Psychic numbing.
- Anxiety reactions.
- Guilt about functioning.
- Loneliness and helplessness.
- Loss of control.
- Confusion or disorientation.

Further research done by Solomon et al. (1989) examines the relationship among specific battle events and specific factors of CSR. They conclude that the sight of death predicts loneliness and helplessness, especially if it involves the loss of fellow soldiers and officers. The reason is that soldiers feel more vulnerable if the one killed is a person with whom the soldier has identified. The sight of a “buddy’s” death also predicts anxiety reactions and loss of emotional control. The role of a “buddy’s” death reduces the unit’s capacity to protect its members. This increases the soldier’s perception of the threat to his life and him being vulnerable.

The loss of a buddy could be related to the separation anxiety experienced as a child. Bowlby (Holmes, 1993) suggests that the attachment dynamics continue throughout adult life, and that separation anxiety is likely to arise whenever the parent-child or adult-companion relationship is threatened. Components of separation anxiety include a subjective feeling of worry, pain, tension and anger as well as restless searching for the missing partner. These symptoms are similar to what soldiers experience when losing a fellow soldier in combat.

Solomon, Noy and Bar-on (Solomon, 1993) aimed to determine premorbid predispositions with regards to who is at a high risk for developing CSR in the Israel Defence Force. Their findings indicate that not all soldiers are vulnerable to CSR. However, part-time soldiers of 26 years of age, with a low level of education, low combat suitability and low military rank are considered high-risk soldiers for CSR. An increase

in age is associated with lessened capacity for strenuous physical activity. These soldiers have probably fought in several campaigns and previous wars, being repeatedly exposed to trauma, which could weaken their resilience. Their units are less cohesive than those in compulsory service. They are more responsible towards own families than their “military family”, whereas younger soldiers are not married and have a stronger allegiance with their units.

Similar studies done on Vietnam veterans aimed to determine and document combat-related social and psychological problems amongst the veterans. Careful investigation of data collected could determine the impact of predisposing factors on adjustment difficulties, but it failed to include the effect that being exposed to combat had on the individuals’ adjustment. Further studies suggest that the instances and severity of post-traumatic stress disorder was not related to pre-service characteristics but was strongly related to the intensity of combat experience (Lindy, 1988). It seems that some researchers support the contention that predisposing factors influence CSR and others subscribe to the development of CSR as the result of individuals’ exposure to war trauma.

The difference in perceptions does not exclude the fact that a soldier is potentially susceptible to the development of psychological deficits as the result of his exposure to combat. Besides the intra-psychic conflicts that arise due to combat exposure, findings also indicate that combat exposure affects inter-personal relationships. It is suggested that high combat involvement is for instance associated with higher divorce rates (Solomon, 1993). It would seem that both type and frequency of combat exposure could contribute to the development of post-traumatic stress disorder.

2.4. POST-TRAUMATIC STRESS DISORDER (PTSD) – “Combat related”

Combat stress develops in three phases namely, immediate, acute and chronic (Noy, 1987). The immediate phase commences when a soldier experiences battle stress directly after encountering combat trauma. It may be characterised by signs and symptoms as discussed in the previous section (CSR symptomatology). When soldiers fail to resolve

their battle stress, the acute phase develops. In the acute phase the individual resorts to traditional defence mechanisms such as hysteria, psychosomatic states, depression and temporary behaviour deficits in order to suppress anxiety levels. The chronic stage develops when the soldier becomes incapable of dealing with anxiety levels induced by constant exposure to traumatic events. It is during the third stage when PTSD is expected to develop.

PTSD was introduced to psychology in order to unify traumatic experiences under one theoretical umbrella/concept. PTSD was for the first time described in the DSM III (Diagnostical Statistical Manual third edition) where symptoms were divided into three sections, (1) re-experiencing of the event, (2) numbing of responsiveness and (3) a miscellaneous section (Joseph, Williams & Yule, 1997). For the purposes of this study the definition described in the DSM IV TR will be relevant for reference. The DSM IV TR, criteria-A indicate that a person who has been exposed to a traumatic event, either through experiencing, witnessing, or confronting an event that led to threatening death or serious injury of self or others could result in developing PTSD (Sadock & Sadock, 2003). According to these criteria most combat soldiers should be susceptible to developing PTSD.

Statistics provided by the National Vietnam Veterans Readjustment Studies (NVVRS) indicate that 15 % of all male servicemen in Vietnam suffered from PTSD 15 years after serving in Vietnam. This is approximately 479 000 men out of 3.14 million men who served in Vietnam (Joseph et al., 1997). Further estimates indicate that between 500 000 and 800 000 veterans, especially those who were exposed to severe combat trauma, still encountered difficulty in adjusting successfully to civilian life (Kelly, 1985). Associated symptoms such as alcohol and substance abuse, cognitive impairment, physical health problems and impaired social relationships prevent soldiers from successfully adapting to civilian life (Joseph et al, 1997).

Solomons (1993) indicates in an extensive study done on veterans who served in the Israeli Defence Force during the Lebanon War, that 63% of those who suffered from

CSR developed PTSD. Clearly, for a large number of soldiers who suffered CSR it was not just an acute dysfunction but developed into a chronic state of difficulty from which recovery came slow or not at all.

Binneveld (1997) suggests that the intensity and extent of soldiers developing PTSD correlate with the type of event they experienced. The intensity and duration of exposure to combat trauma could determine the intensity of PTSD. Therefore, soldiers who were exposed to heavy combat are more likely to develop PTSD than those who were exposed to low combat activities. Foy (Joseph et al., 1997) observed that between 25-30 % of soldiers experiencing low-combat exposure in Vietnam met the criteria of PTSD and up to 70% of soldiers experiencing high combat exposure met the criteria for PTSD. With continuous exposure to trauma everyone is potentially susceptible to developing PTSD. Research suggests that soldiers reach possible breaking point between 200 and 240 days of continued combat exposure (Binneveld, 1997). Other studies indicate that during WW II up to 98% of soldiers started to present with psychiatric symptoms after 35 days of sustained combat (Holmes, 2003).

No records could be found of studies done on soldiers who have served in the SADF (South African Defence Force) during the Angolan war with regards to PTSD. Seedat, Le Roux and Stein (2003) completed a study on the prevalence of PTSD amongst SANDF soldiers stationed at “home” units after returning from peacekeeping operations. In their study they accumulated 198 soldiers from two separate units in the SANDF. The respondents completed the Clinical Administered Post-Traumatic Stress Disorder Scale-Current Diagnostic version to determine the severity of possible PTSD. Their findings indicate that 26 % of their research group met the diagnostic criteria of PTSD on a self-report basis. Symptoms detected ranged from emotional numbing, avoidance of conversation, feelings and thoughts about the traumatic event, emotional distress when reminded of incidents and unwanted memories of the events.

Statistics clearly create the possibility that every soldier who sets foot on a battlefield is susceptible to develop CSR or PTSD. Some soldiers will continue to suffer

psychological collapse in battle regardless of what preventative attempts are made by military psychiatrists and psychologists. It seems that the cause of psychological breakdown has more to do with exposure to combat trauma than soldiers' personality traits or predisposition. Psychological breakdown has been and will be a product of war; it is as inevitable as the dead, the wounded and maimed are.

Yet for some soldiers, combat and war seem to have added positive meaning to their lives. Some soldiers present with varying degrees of resilience and have the ability to adapt to the duress and challenges provided by war. It would seem that these are also the soldiers who have adapted successfully to civilian life.

There are many examples of soldiers who have gained from their war experience and for some it has even added meaning to their lives, a sense of self-actualisation. It was Wilfred Bion who said that when thinking back on his life his service during WW1 was the happiest days of his life (Symington, 1996).

2.5. THE WAR AFTER

As previously indicated some soldiers returned home from war suffering from CSR or PTSD. In Solomon (1993), research suggests that Vietnam combat veterans reported more problems in intimacy and stronger feelings of detachment from others than non-combatant veterans. Such was the case with veterans who reported having experienced intense battle-related stress. They struggled more with close personal relationships than those who reported less battle-related stress experiences (Solomon, 1993). Clear findings in Solomon's research indicate that war-induced psychopathologies have a great bearing on social adjustment difficulties and the greater the pathology the greater the inadequate adjustment to civilian life.

It seems that post-war adjustment difficulties develop within two processes, namely intra-psyche and inter-personal. Intra-psyche processes refer to soldiers' difficulty in dealing with guilt feelings regarding their actions in war. Guilt feelings develop in soldiers when

they are morally confronted with their actions in war. Guilt feelings were absent during the heat of the battle; soldiers could separate themselves from their moral selves for that moment in time. It was during post-battle reminiscence that soldiers were confronted with feelings of retribution, remorse and at times survivor's guilt (the guilt that one may outlive someone close either physically or emotionally) (Bourke, 1999). The difficulty in dealing with their feelings of guilt often induced the development of PTSD. Hendin and Pollinger-Haas (1984) found that guilt over wartime conduct is a key factor in the development of PTSD. Soldiers struggling to deal with their feelings of guilt and their experiences of combat often developed secondary symptoms. Symptoms other than PTSD include behavioural traits such as anger and hostility, depression and substance abuse.

On an interpersonal level some soldiers failed to re-establish their interpersonal relationships with family members, friends and work colleagues. When the war ends and the men return home, inevitably tensions arise with other family members when they readjust to the change. The family system has adapted to the absence of the man in the house and now has to readjust to his return. If soldiers return with PTSD the tensions increase enormously and family systems have to re-negotiate the change. In most PTSD cases men are more easily detached and removed emotionally from their families, others withdraw physically by staying at work for longer than necessary or leave for extended "trips" by themselves, or just disappear for some time without explanation (Solomon, 1993). Sexual problems are not uncommon; veterans find it difficult to be intimate with their partners. Veterans tend to act on their intra-personal difficulties in their relationships, such as violent behaviour (e.g. wife battering) or aggressive outbursts where the destruction of property is the result (Solomon, 1993).

Veterans suffering from psychopathology induced by war could suffer in social functioning. Their emotional numbing and unresponsiveness isolate veterans from interacting with colleagues at work. PTSD veterans struggle to maintain attention and concentration that impacts negatively on their work reliability. Difficulty in dealing with their anxiety induced by PTSD often leaves veterans feeling alienated (Solomon, 1993).

It seems that the road to recovery for veterans who suffered psychological stress due to their war exposure is long, hard and lonely. For some veterans the war has never ended as Don Browning (Bourke, 1999, p. 362) wrote in an article entitled “Psychiatry and Personal Counselling: Moral Content or Moral Value”:

“It is one thing to kill and be killed if one believes he is making a lasting contribution to the welfare of one’s community, but it is another thing to kill and be killed when one is convinced that one is making no contribution at all except a negative one.”

The statistics referred to during this and the previous segments are based on research done mainly on regular/general soldiers. Within these forces there are a few elite units that specialise in advance military tactics and doctrines. Special Forces soldiers are vigorously trained to execute highly specialised and dangerous tasks, where in most cases failure will result in death or capture by enemy forces. There exist few if any statistics on Special Forces soldiers’ experiences in combat and their adaptation in society after service rendered.

2.6. SOUTH AFRICAN SPECIAL FORCES

The concept of utilising a specialized force to conduct specific tasks in order to handicap the enemy advance or stronghold during conflict originated ages ago. It was King David who harried the Philistines through conducting night raids and sudden assaults, as well as sending his men on countless forays behind the enemy lines (Neillands, 1997). This would now be called Special Forces operations and can be found in history since the Vikings era up until the present time. A Special Forces soldier is defined by his training and role. He tends to operate in small groups, often at night behind enemy lines, or in the amphibious or parachute assault role (Neillands, 1997). White (1992, p. 1) defines Special Forces as:

“Small, carefully selected military, paramilitary and civilian units with unusual skills, which are superlatively trained for specific rather than general purposes, and are designed to undertake unorthodox tasks that ordinary units could accomplish only with far greater difficulty and far less effectiveness, if at all”.

The British were first to appreciate the importance of a formal specialized force; therefore Special Forces provided them with a viable alternative to their conventional forces (Stiff, 1999). They foresaw that a highly trained and effective small unit has the ability to drain the fighting spirit from the enemy. During WW II a Scots Guards Lieutenant David Sterling was involved in several unsuccessful attempts to sabotage Rommel’s communication lines during the Desert war in North Africa. Sterling realised that a specialised small unit will be more efficient in harassing the enemy than a large number of soldiers. He argued that a small number of soldiers not larger than five men would be more efficient than 200 soldiers for sabotage tasks behind enemy lines. He suggested, *“the unit should be based on the principle of fullest exploitation of surprise and of making the minimum demands on man power and equipment”* (Ramsey, 1996). He also suggested, *“these units must be self-sufficient, responsible for their own training and operational planning”* (Ramsey, 1996). This was to be the start of Special Forces in the United Kingdom, which later became known as the Special Air Services or in short SAS.

The British deployed such forces to counter the communist hold in Borneo and Malaysia in the 1950’s and 1960’s. The small unit known as the SAS was successful in countering Indonesia’s hold on Malaysia and Borneo (Horsfall, 2002). During the same time the war in Rhodesia started to escalate and unconventional forces were required to assist in countering the onslaught against the Rhodesian Government. As in Britain, the Rhodesians had a similar force as those who served in Borneo and Malaysia known as the Rhodesian SAS. The Rhodesian SAS were trained and deployed in the same manner as their British counterparts. The interactions with the Rhodesian SAS opened the way for

the South African Special Forces to receive training and exposure in Special Forces type operations.

In 1967, the Chief of the South African Army decided that the South African Army should have the same capabilities as the Rhodesian SAS. A unique opportunity presented itself when Col Jan Breytenbach was tasked with other officers and non commissioned officers to participate in SAS training in Salisbury, Rhodesia. The South Africans carried out formal training in demolitions, bushcraft, tracking, survival, minor tactics, radio work and escape and evasion (Moorcroft, 2003). However, before the unit could be formally founded and established it was dealt a blow by the traditionalists in the South African Defence Force, who were not ready for such an unconventional doctrine. Their decision was soon to be challenged.

In the West African country known as Biafra, civil unrest escalated out of control in 1969. The Biafran government approached South Africa for assistance. It was then decided to send a small group of South African soldiers to assist the Biafrans in an advisory role (Moorcroft, 2003). The success and effectiveness of the small liaison team illustrated to the decision makers in the Defence Force that the unconventional nature of Special Forces is a necessity in the South African defence doctrine. This ultimately led to the formal establishment of the South African Special Forces.

Twelve selected members officially founded the South African Special Forces in 1972. Their operational responsibilities included the execution of reconnaissance; direct offensive acts against foreign threats, counter terrorism outside the borders of South Africa and assisting conventional forces with unconventional tactics (Els, 2000). They have served and executed operations in most Southern African countries since it was founded. The main theatres of operations were in Angola and Rhodesia (now known as Zimbabwe), whilst counter terrorist operations were launched in almost all of South Africa's neighbouring countries (Stiff, 1999). These men lived by their credo "We fear naught but God" (Els, 2000).

For definition purposes a South African Special Forces operator is someone who has passed the selection requirements and has successfully completed the Special Forces Operators training cycle. The training cycle consists of several courses that are presented over a twelve-month period. All of these courses are presented to simulate skills that are required during war. Training is therefore as realistic as possible to what they would encounter during operations. It is commonly known that these courses are some of the toughest (mentally and physically) courses in the Defence Force. The courses include:

- Basic medical training.
- Demolition and explosive training.
- Basic parachuting.
- Air orientation (operational parachute jumping and rope work techniques such as rappelling, abseiling and fast roping).
- Small boats and water orientation (basic surface swim, proficiency training on small boats).
- Armed and unarmed combat.
- Advance communications and signals.
- Survival.
- Minor tactics (rural operational techniques).
- Urban tactics (urban operational techniques).

According to the records of the Special Forces Brigade and of the Special Forces League no more than 900 members have qualified as Special Forces Operators since its inception into the South African Defence Force.

They were specially selected and trained as an effective fighting machine in battle. The South African Special Forces initially consisted of several Regiments (Hamann, 2001):

- 1 Reconnaissance Regiment, based in Durban, specialises mostly in urban type operations. This unit has been disbanded in the early nineties.

- 2 Reconnaissance Regiment, based in Pretoria hosting citizen force (civilian volunteers that have been military trained and renders service when specifically required to do so) soldiers. This Regiment was later disbanded and integrated into the other Regiments.
- 4 Reconnaissance Regiment, based in Saldanha on the west coast. This Regiment focuses mainly on seaborne type operations.
- 5 Reconnaissance Regiment, based in Phalaborwa, specialises mainly in bush type warfare.
- Special Forces School (recently formed) based in Pretoria and is responsible for the training requirements of Special Forces.

In South Africa the members are all volunteers from within the broader Defence Force and have to pass the rigours of a Special Forces selection to qualify as operators. If soldiers pass the selection requirements they undergo a training cycle for a year. The skills needed to execute specialised tasks are developed and refined during this training cycle. It is estimated that only 10% of candidates who volunteer to join Special Forces are successful (Stiff, 1999).

No formal research was ever done on the average age of candidates whom have successfully completed their selection course. However, it is commonly known that candidates who attempt the selection course directly after leaving school are prone to fail more often than those who have been out of school for at least 3 to 4 years. The majority of candidates who successfully pass the selection and training cycle are those who have had some type of post-school experience, such as either military or other work experiences or any tertiary education. In laymen's terms, those who attempt the selection course directly after leaving school (at an approximately age of 18 years) are too immature and not mentally tough enough to face the demands placed on them during the selection and training cycle.

The training programme is created to develop mental and physical endurance, which is a necessity for operations. It is commonly known that Special Forces soldiers are exposed to adverse conditions, conditions that include long marches, extreme weather conditions, limited food and water supplies and sleep deprivation (Greef, 2001). The mental toughness motivates operators to execute tasks such as long-term reconnaissance in enemy areas, sabotage of strategic structures and constant harassment of enemy forces leading to the breakdown of enemy morale. Soldiers are regularly challenged mentally and physically with the constant awareness of imminent threat posed by enemy forces in operations.

Service in Special Forces often lead to the development of unique personality and physical attributes needed to survive in the harshness of special operations (Greef, 2001). Their selection, training and operations lead to the creation of close interpersonal relationships with fellow soldiers characterized by trust, loyalty and camaraderie. Soldiers consistently develop a strong sense of belonging and loyalty to their regiments, which allow for the adoption of a new identity as a Special Forces Operator. To serve as an operator in Special Forces one must be totally committed, every aspect of one's life must be devoted to the regiment's needs. Operational availability and readiness at any time is required of all its members even from those who have families (Horsfall, 2002).

Soldiers have the opportunity to develop their own skills in their chosen field of speciality during their service. Some soldiers became specialist marksmen (sniping), others developed their infiltration skills (airborne and seaborne) and then there are those who became specialists with the tactics of demolitions (Greef, 2001). These skilled soldiers often spend extended time periods in the operational arena where their skills are extensively utilized to ensure success in operations. Inevitably, their experiences have contributed towards them developing a unique perception of themselves and their lives.

In his book Jack Greef (2001) (long serving member of Special Forces) wrote that most of the men he knew during his time in Special Forces are currently leading successful civilian lives. He clearly acknowledges the fact that his participation in Special Forces

has changed him for the better, “*it changed me from an undisciplined slob to what I’m today*” (Greef, 2001, p. 162). He still uses some of the skills he was taught during his service especially when facing planning, leadership and decision-making crises. Jack Greef appropriately quoted in his book the thoughts of a young SAS soldier serving in the Rhodesian War “*being a Special Forces soldier was a tremendous experience, after that the rest of my life will be an anticlimax*” (Greef, 2001, p. 162). This quote depicts most of the soldiers’ perception of their experiences in Special Forces.

Most of these soldiers seem to have adapted to the fear of annihilation, captivity and death in the execution of their tasks as Special Forces operators. Their ability to resist CSR is emphasized by the fact that most of these soldiers still function effectively in society 15 years after the end of the Angolan war. It is this aspect that will be addressed in this study. Therefore, this study will explore the impact of combat exposure as a South African Special Forces soldier during the Angolan war on current levels of well-being. It will attempt to determine if these soldiers have gained a positive meaning from their experiences and to what extent that contributed to their current levels of well-being and sense of coherence.

2.7. CONCLUSION

It has been illustrated that some soldiers who are repeatedly exposed to combat trauma with duration of time are likely to experience combat stress reactions. CSR is the direct result of soldiers’ inability to sustain their emotional resistance to combat trauma. When CSR has developed in soldiers and it remains untreated it could develop into PTSD and further disable the soldiers’ capacity to function in society. Several research studies have focussed on the effects of CSR and PTSD since the First World War up until the recent Gulf Wars. However, there still remains the phenomenon of those whose experiences have contributed towards positive development, which still has to be explored.

Most of South African Special Forces soldiers have been exposed to adversity during their training and in operations and yet it seems that most have adapted efficiently to

civilian life after completing their service. Through adopting a positive psychological paradigm this study will aim to explore the relationship between these soldiers' sense of coherence, well-being and their perception of serving in Special Forces.

The next chapter will explore the core concepts focussed on in this research. Concepts such as sense of coherence and well-being will be discussed from a theoretical perspective and how it impacts on soldiers' ability to deal with combat exposure.

CHAPTER THREE

THEORETICAL APPROACH

3.1. INTRODUCTION

This chapter will attempt to provide a greater understanding of the positive psychology paradigm. It will illustrate the need that has arisen to create what has become known as positive psychology as an antithesis to traditional psychology. The development of the positive psychology paradigm will be explained and discussed to provide its importance to psychology today. Problems that researchers had to face over time when formulating definitions and concepts regarding mental health will be discussed and placed in context. Aaron Antonovsky's ideas on sense of coherence will be illustrated in detail and a greater understanding of the different concepts that play a role in well-being will be clarified.

3.2. TRADITIONAL PSYCHOLOGY

Psychology has traditionally been aligned with understanding pathology rather than understanding positive human attributes. Only when individuals became dysfunctional in their communities did psychologists become involved in an attempt to cure. Their aim was to understand the dysfunction and to cure the pathology. Before WW II psychology aimed at curing mental illness, making lives more productive and identifying and nurturing talent (Snyder & Lopez, 2002).

Post-WW II changed the face of psychology. By this time the practice of clinical psychology could be characterized by four assumptions regarding the nature of psychological adjustment and maladjustment (Snyder & Lopez, 2002). The assumptions are (1) clinical psychology is concerned with pathology (deviant, abnormal and maladaptive behaviour), (2) psychopathology and clinical populations differ in kind and not just degree, (3) psychological disorders are analogous to biological diseases and

reside in the individual and (4) the clinician's task is to diagnose the disorder and to intervene with therapy to eliminate the disorder.

In a military context research focussed on analysing the behaviour of the soldier that exited the battlefield due to psychological reasons. The need to categorize and define symptoms that led to soldiers being ineffective in combat became the focus of much research. Interventions were aimed at soldiers who developed symptoms that prohibited their effectiveness in combat. Some of these symptoms led to psychological breakdown leaving soldiers feeling as failures (Shepard, 2000). Once soldiers were labelled in this way it became difficult for them to be accepted amongst their fellow soldiers with whom they served in battle. Often they would be seen as malingering or showing weak character (Shepard, 2000). These soldiers had to deal with both their combat trauma and the labelling effect. This often left them feeling isolated and alienated from their fellow soldiers.

It was Antonovsky's (1979, p. 15) contention in his morbidity hypothesis that "*our dominant ideological paradigm shapes our society's clinical practice and scientific research, which focuses on and responds to a particular disease or clinical entity.*" Antonovsky possibly implied that most of the effort by the scientific society is placed in understanding pathology rather than understanding the health of individuals. Such is the case when interpreting statistics of soldiers who suffered from CSR and PTSD, yet many soldiers returned to society without psychological deficits due to their combat exposure.

Traditional approaches to understanding psychology are so entrenched that it could handicap any other approach to health. Antonovsky identifies three reasons why (Antonovsky, 1979):

- The pathogenic approach pressurises one to focus on the disease and to disregard the illness. This implies that once an individual is ill the nature of his disease will be the focus and the subjective characteristics of the person will be

of no real concern. The focus is on the characteristics of the disease and not on personal attributes.

- The “magic-bullet” approach (one disease, one cure) resists the development of multiple causations for disease. If the etiology of diseases is understood one cure for a disease could be found, thereby neglecting the possibility of multiple causations. If A occurs then B will follow.
- The state of disease is qualitatively different than the state of non-disease. The dichotomy exists in that one is either sick or well. This dichotomization blinds us to a conceptualization made possible by a salutogenic model, namely a multi-dimensional health-illness continuum between two poles that is useful to understand health.

Pathogenesis asks why a person enters a particular state of pathology. Salutogenesis asks what the factors are that push a person towards either one or to the other end of the health/dis-ease continuum. Considering the research on pathology one can ponder on the human capacity for duress and for overcoming the challenges of living. Antonovsky (1979) suggested that those of us who are not on our deathbeds or in hospitals could be considered as being more or less healthy. This study will align itself with Antonovsky’s contention and premises regarding positive psychology/salutogenesis in order to understand the well-being of Special Forces soldiers.

3.3. POSITIVE PSYCHOLOGY

By focussing attention on pathology the idea of a fulfilled individual in society was neglected. It was after WW II that psychology became more focussed on the positive characteristics of human nature. Positive psychology sets out to change the preoccupation with repairing the worst things in life to building the best quality in life (Snyder & Lopez, 2002).

According to Seligman and Csikszentmihalyi (2000), the aim of positive psychology is to catalyse a change in psychology from mainly a pathological perspective to one that addresses the positive attributes in human beings. The field of positive psychology at the subjective level is about positive subjective experiences such as well-being, satisfaction, joy, pleasure and happiness as well as future-optimism, hope and faith. On the group level it is about civic virtues and institutions or structures that move individuals towards becoming better citizens (Seligman & Csikszentmihalyi, 2000).

Treatment is not just about fixing that which is wrong but also promoting that which is right. Research shows that there are human strengths that resist the development of pathology. In a military context some of these strengths are military discipline, morale, group cohesion, esprit de corps, training, military skill and leadership (Richardson, 1978).

In a study aimed at determining the correlation between traditionalism and adaptation Antonovsky came to unexpected insights. Without being the main focus of the study he determined that more than just a few women from his control group who were holocaust survivors during WW II not just survived but in some cases they thrived and were well adapted in society, no matter how adaptation was measured (Linley, 2003). Despite living through the harsh experiences of being in concentration camps and of a nation being at war for independence for several decades, some women were reasonably healthy and happy.

3.3.1. General Resistance Resources (GRRs)

Antonovsky (1979) felt that if two people were confronted with identical stressors one might successfully meet the challenges brought by the stressors whilst the other might not. He formulated what became known as general resistance resources (GRRs), which are the capacity and characteristics within a person that facilitate stress management. The demands placed on humans at war are so taxing and unpredictable that one should rather focus on the individuals' GRRs in order to understand their ability to sustained health in

such a demanding environment. In other words, it refers to the characteristics needed to cope with the severe stressors inflicted by combat exposure.

Antonovsky (1979) divided GRRs into eight sub categories. The categories include:

- Physical
- Biochemical
- Artifactual-material
- Cognitive
- Emotional
- Valuative-attitudinal
- Interpersonal-relational
- Macrosociocultural

These characteristics were identified as those factors, which assist the individual in effectively avoiding or combating a wide variety of stressors. The physical and biochemical resources basically refer to genetic predisposition and an inherent capacity that allow a person to deal with stress. These factors are important however, their participation in understanding a person's ability to cope with CSRs is still scientifically inconclusive. Several researchers focus on personality traits whereas others suggest that neuro-biochemical imbalances induce the development of PTSD as the result of extended exposure to combat stress.

Artifactual-material refers to the impact finances have on the ability to deal with life stressors. American soldiers diagnosed with PTSD during the Vietnam War were often those soldiers who were drafted (conscripts) for service and mostly were from disadvantaged and low socio-economical communities (Downs, 1988).

The cognitive and emotional characteristics reflect on individual intelligence and knowledge as well as ego identity. In short, it refers to one's ability to develop and utilise skills, to learn through experience in order to deal with similar stressors in future more effectively. Again referring to the study done by Solomons et al. (1986) those with

low intelligence were more susceptible to develop pathologies as the result of suffering from CSR. In the same manner, those who possibly lack ego identity could feel alienated and like impostors in their social environment. Soldiers who struggled to share in their units' esprit de corps or to feel part of their operational grouping during battle could be vulnerable to developing CSR (Holmes, 2003).

Valuative-attitudinal characteristics include coping styles or strategies. Coping strategy is an overall plan of action to overcome stressors. It includes rationality (accurate, objective assessment of the manner to which stressors are threatening), flexibility (availability of contingency plans and tactics to deal with stressors) and farsightedness (the ability to anticipate the response of the environment, inner and outer, to the actions of the strategy) (Antonovsky, 1979).

The interpersonal-relational concept is the type of social support system a person is involved in. The absence of social support and the presence of isolation increase vulnerability to dysfunctions. Social support ties could be perceived as good GRRs allowing individuals to function effectively in their environment. Soldiers returning from Vietnam were often received with resistance from their communities (Downs, 1988). They were burdened with guilt feelings as the result of their participation in Vietnam. These feelings were not collectively shared with their communities leaving them isolated and alienated. These soldiers developed what Kelly (1985) referred to as War Participation Syndrome where they struggled with their rage, anger, mistrust and guilt feelings, which often left them feeling neglected by society.

The final description of GRRs is what Antonovsky termed macrosociocultural. This GRR relies on the influence culture has on the development of individuals. It includes religious beliefs, social rituals and traditions and all of them play a part in the ability to develop GRRs. Such was the case when soldiers from the United States participated in WW II; it was their belief that they participated in the liberation and the protection of democracy in the world (Bourke, 1999).

In short GRRs create life experiences that are characterized by consistency and that participates in shaping the outcome of stimuli, thereby formulating a strong sense of coherence. It was this line of thinking that assisted Antonovsky to develop the concept of salutogenesis.

3.3.2. Salutogenesis

His unexpected discovery in some of his research studies resulted in Antonovsky wanting to understand the phenomenon of human health more comprehensively. Antonovsky (1979) coined the term “salutogenesis”. It is derived from “salus” which is Latin for health and well-being and “genesis” the Greek word for origin. Salutogenesis is the opposite of pathogenesis. This model focuses on the causes of well-being rather than the etiology of pathology (Kent, 2002). It aims to determine how health is created and maintained. This model proposes that an individual creates health and it is more a social than a medical framework (Cowley & Billings, 1999).

Salutogenesis looks at the deviant cases (Antonovsky, 1987), such as those who smoke but do not develop lung cancer. In the same manner salutogenesis will look at those who were exposed to severe war stress and trauma but did not develop pathologies as a result thereof. According to Antonovsky (1987, p. 13), *“thinking salutogenically not only opens the way for, but compels us to devote our energies to, the formulation and advancement of the theory of coping”*.

Antonovsky (1979) created what he termed the health ease/dis-ease continuum, implying that health falls on a continuum ranging from one side that represents health, to the other side indicating disease. He wanted to shift the emphasis of the traditional dichotomous approach whereby people are either perceived as being ill or healthy. Salutogenesis aims at determining why individuals fall in the health ease side of the continuum rather than the dis-ease side. Therefore, Antonovsky proposes that we study the location of each person, at any time, on this continuum. The salutogenic approach does not guarantee solutions for complex problems of individuals’ lives, but it provides a greater

understanding and knowledge in order to assist individuals to move to the health ease side of the continuum (Antonovsky, 1987).

Antonovsky (1987) postulates that the salutogenic orientation entails (1) rejecting the dichotomous classification of people as healthy or diseased in favour of their location on the health ease/dis-ease continuum. (2) It restrains us from falling into a trap of only wanting to understand aetiology instead of a person in his totality. (3) It shifts perceptions of asking questions such as what makes people ill instead of what are the factors involved in at least maintaining ones location on the continuum or moving toward the health side of the continuum. (4) Stressors are perceived to be salutogenic and can influence the movement towards the health ease side of the continuum. (5) We have to expand our search for solutions instead of focussing on the “magic-bullet” solutions. (6) Salutogenesis forces us to investigate the deviant cases, which elude pathogenic perceptions.

This study will adopt the premises of senses of coherence and well-being as indicators of health in soldiers who have served in Special Forces during the Angolan war (South Africa’s “Border War”). Soldiers’ experiences in Special Forces will be investigated as being salutogenic factors which assisted them in dealing with combat trauma.

3.4. SENSE OF COHERENCE

Sense of coherence is an indication of those who are able to cope with stressors as against those who cannot. Antonovsky proposed that the key factor in salutogenesis is a person’s sense of coherence. As previously mentioned Antonovsky describes SOC as “*a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that one’s internal and external environments are predictable and that there is a high probability that things will work out as well as can reasonably be expected*” (Antonovsky, 1987, p. 19). This definition includes the idea of being in some control, which implies that the individual has some control when dealing with stressful situations. SOC doesn’t imply that one is in full control of what happens

but implies that one is a participant in shaping one's destiny as well as one's daily experience (Antonovsky, 1979).

3.4.1. The development of sense of coherence

After finalising his thoughts on GRRs, Antonovsky further developed the concepts by integrating his thoughts in the concept SOC. Antonovsky felt the need to understand the conditions wherein GRRs could develop and if he could determine them he would be closer to understanding the factors/sources that are essential for SOC. According to Antonovsky (1979), the factors/sources required for initiating adequate GRRs could result in the development of SOC. The following factors/sources are necessary to initiate adequate GRRs:

- Psychological sources. This source focuses on individuals that would give-up due to adversity, leading to the development of helplessness and hopelessness. The individual would then tend to withdraw from his adverse situation and will not be able to access information that his environment is sending to him, or he will be unable to utilize his GRRs available to him.
- Social-structural sources. This source focuses on the impact that the social environment has on the development of SOC. An established social system predicates social conformity. This results in a perception that social reality is too complex and fearful for the individual to take advantage of the options that present themselves. Therefore, he is not flexible enough to allow for adopting effective coping strategies. He is unable to deal with the stressful circumstances, which are created by a larger social system. The constricted conditions wherein members of a lower social class live often dictate their social reality, limiting option taking when dealing with stressors. The same could be inferred from the type of work and work conditions that provide different levels of complexity. These levels will either stimulate or frustrate individuals' intellectual capabilities. The work complexity contributes towards values, self-conception and social

orientation. In summary, social structural conditions are embedded in social systems. The type of social class and job will dictate the manner in which world complexity is perceived, allowing for more alternatives and options with decision-making processes.

- Cultural-Historical sources. It is postulated that there are certain prototypical family structures and childrearing patterns in society (Antonovsky, 1979). Each prototype has its unique style and characteristics based on their unique cultural heritage. Therefore, “*children are socialized into a particular direction that is most appropriate to, that fits best into, that society’s social organization and culture*” (Antonovsky, 1979, p.149). Certain specific childrearing and culture patterns provide experiences for individuals on which GRRs are formulated and are crucial for a strong sense of coherence.

3.4.2. The meaning of sense of coherence

According to Antonovsky, those classified as having a strong SOC always spoke of areas of life that were important to them, that they very much cared about, which “made sense” to them in the emotional and not only the cognitive meaning of events. SOC is subdivided into comprehensibility, manageability and meaningfulness (Antonovsky, 1987). The understanding of GRRs assisted the formulation of the basic three components of SOC:

- Comprehensibility. The idea of comprehensibility was initially formulated as the core of the definition of SOC (in later works Antonovsky placed more emphasis on meaningfulness). It refers to the ability to make cognitive sense from stimuli that originate either from internal or external environments. Cognitive sense indicates how information is consistently ordered, structured and clear rather than disorganised and chaotic. Therefore, the person high on comprehensibility will be able to predict and react to future stimuli with more confidence. In spite of the type of stimuli such as war the person will be able to make sense of it.

- Manageability. This indicates one's awareness and the availability of resources that can assist one in meeting the demands of various stimuli. The availability of resources focus on those under one's own control and on those from others (eg. spouse, friends and colleagues). The absence of this component could emphasize the feeling of being treated unfairly or being a victim of events.
- Meaningfulness. This indicates one's ability to make sense of life emotionally. There are challenges in life worthy of investing energy in. Meaningfulness refers to the ability to view difficulty as challenges rather as burdens. People high on meaningfulness are people when faced with the demands placed on them by life will face them and will find meaning in them.

The three components inter-relate with each other to provide the basic ingredients whereby persons could be identified as having a strong SOC. The combination between the three components will determine the strength of SOC and where on the health ease/dis-ease continuum a person is situated. There are eight different possibilities when SOC is dichotomized. These possibilities are illustrated in table 3.1:

Table 3.1. The dynamic interrelatedness of the components of SOC
(Antonovsky, 1987, p. 20)

Components				Prediction
Type	Comprehensibility	Manageability	Meaningfulness	
1	High	High	High	Stable
2	Low	High	High	Rare
3	High	Low	High	Pressure to move up
4	Low	Low	High	Pressure to move up
5	High	High	Low	Pressure to move down
6	High	Low	Low	Pressure to move down
7	Low	High	Low	Rare
8	Low	Low	Low	Stable

Antonovsky's (1987) interpretation of the eight possibilities is that options 1 and 8 are self explanatory, those who present high or low with all three factors will represent the different sides of the health ease/dis-ease continuum. Possibilities 2 and 7 will rarely be found, it is improbable that someone can present high on both manageability and meaningfulness but low on comprehensibility. Someone scoring high on meaningfulness and manageability will score high on comprehensibility and vice-a-versa. Options 3 to 6 are the more unstable combinations, high comprehensibility and low manageability creates a strong need for change. The direction of change on the continuum will be determined by the meaningfulness factor.

In summary, reductionism would interpret SOC as a trait or a neuropsychological system that determines which stimuli will be perceived and what response will follow (Wolman, 1973). This position fails to acknowledge the full extent of SOC, which includes broader concepts than just a stimulus response relationship. From birth one is constantly exposed to situations that provide challenges, stress, tension and resolution. The more these experiences are characterized by consistency in how outcomes are achieved, the more we begin to see the world as coherent and predictable. However, it is the unpredictable experiences that allow the development of unexpected resources that are essential for a strong sense of coherence.

An underload-overload of stimuli assists the development of sense of coherence. If stimuli are underloaded the predictability factor is high and the development of resources is restricted, but if stimuli are overloaded the predictability is low and resources could develop. The balance between underload and overload of stimuli becomes essential in the development of a strong sense of coherence. Therefore, for a strong sense of coherence to develop one's experiences should not be too predictable but it should include elements of frustration as to create rewards (Antonovsky's, 1987).

Sense of coherence has a dynamic nature and can undergo some transformations. Cataclysmic stressors are those unexpected life changing events, such as war, death of someone close and natural disasters. Cataclysmic stressors can impact on life

experiences often for a brief period of time. Individuals have no influence over these experiences and therefore cannot be totally prepared for such eventualities. They bring with them a variety of unpredictable experiences, which could weaken the sense of coherence (Antonovsky, 1987). The person with a strong SOC is able to see reality, to judge the likelihood of outcomes in view of the presenting stimuli.

3.4.3. Sense of coherence and soldiering

Some research emphasizes the fact that exposure to combat stress could result in positive developmental effects in some soldiers in the same manner pathology could develop. The effect of military and combat experiences could continue as a life-long function (Strümpfer, 1995). Research done by Elder (in Strümpfer, 1995) on the effects of military experiences on adult development and aging found that military service provides a psychosocial environment where one can sort oneself out. Military service provides an atmosphere where greater maturity, increased social autonomy, a stronger sense of self-efficacy and self-direction, a more positive self-image and more assertiveness can be developed. The same study revealed that some soldiers exposed to direct combat develop confidence and resources through successfully dealing with demanding circumstances and challenges.

Some war veterans from WW II and Korea indicated that they had learned to cope with adversity and that the challenges they encountered instilled self-discipline. They had also fine-tuned their survival instincts and resources that remain available later in life. Combat was also remembered as exhilaration, comradeship and lessons for living (Elder, 1986).

Research done by Kahana, Harel and Kahana (1988) on holocaust survivors in America and Israel indicate that a large percentage of the survivors adjusted well as individuals and have become productive citizens in their communities. They found that when survivors found meaning in their experience it improved mental well-being. It is the same with those who are able to share their experiences with significant others. Those

who developed higher altruistic tendencies and practices were found to have higher positive effects on their lives. They concluded that there are three variables likely to influence long-term adaptation and well-being among extreme stress victims. Again, it was found that soldiers in the Israel Defence Force from units with good leadership, good unit cohesion, and those who had stable personal and family lives were less likely to suffer from combat-related psychological breakdowns (Belensky, Noy & Solomon, 1987). These variables could easily be understood and explained through Antonovsky's SOC conceptualisation. The variables are the nature of the stress experienced (comprehensibility), current sociodemographic and socioeconomic status and health (manageability), and the current modes of coping with life (meaningfulness).

In an article written by Aldwin, Levenson and Spiro III (1994) WW II is referred to as being a good war, soldiers may speak of heroism, courage, altruism, intimate friendships, and the development of superior coping strategies and leadership abilities. Some soldiers who served in heavy combat were most likely to indicate that coping, self-discipline, and valuing life were positive outcomes of their participation in war.

This study will aim to investigate soldiers who have served in South African Special Forces during the Angola campaign and are currently living in society outside the military. These soldiers have been exposed to combat during their service yet it would seem that it was a gratifying experience. It is expected that these soldiers would present with a strong sense of coherence

3.5. WELL-BEING

In 1967 Wilson proposed that a happy person is a “young, healthy, well educated, well paid, extroverted, optimistic, worry-free, religious, married person with high self-esteem, job morale, modest aspiration, of either sex or a wide range of intelligence” (Diener, Suh, Lucas and Smith, 1999). He postulated that both personality and demographic factors correlate with well-being. However, Campbell, Converse and Rodgers (Snyder & Lopez,

2002) found that demographic variables such as age, income, and education did not contribute much towards well-being.

Understanding well-being remains a complex process. In three decades since Wilson described well-being researchers have become more interested in understanding well-being than describing demographic characteristics. Scientists who have studied well-being assume that an essential concept of a good life is that the person likes himself. Subjective well-being can therefore be defined as “*a person’s cognitive and affective evaluations of his or her life*” (Snyder & Lopez, 2002. p. 63).

Well-being is a broad conceptualization, which includes a variety of constructs such as emotional responses, domain satisfactions and general judgement of life satisfaction. These concepts contribute towards well-being in their own right yet they are closely interrelated. In order to understand well-being on a higher level one should categorize these concepts under a single construct. Therefore, subjective well-being (SWB) is the generalized area of scientific research rather than a single specific construct (Diener et al., 1999). This study will adopt the generalized contention of SWB rather than specific sub categories to investigate the well-being of Special Forces soldiers.

3.5.1. History

The process of understanding subjective well-being originates from an overwhelming emphasis in psychology on negative states (Diener et al., 1999). The need arises not just to understand well-being as the antithesis to pathology but as a synthesis in its own right.

Before the 20th century, philosophers and religious leaders suggested that love, wisdom and nonattachment were the characteristics of a fulfilled existence. It was Jeremy Bentham’s idea that the absence of pain and the presence of pleasure ensure a good life. Empirical studies regarding subjective well-being began to take shape early in the 20th century (Snyder & Lopez, 2002). In 1925 Flugel studied moods and created the possibility of measuring subjective well-being. Post WW II researchers started to survey

people regarding their happiness and satisfaction with life through questionnaires. This allowed researchers to create a more accurate understanding of well-being.

One of the major breakthroughs in the study of well-being was that of Norman Bradburn in 1969 (Snyder & Lopez, 2002). He discovered that pleasant and unpleasant effects are independent and have different correlates, thus implying that these concepts should be studied separately. The importance of this finding indicates that wanting to eliminate negative states doesn't necessarily enhance positive states (Snyder & Lopez, 2002). This indicated a shift from what Bandura defined as happiness and well-being to be a balance between positive and negative affect to focussing on positive affect as the origin of well-being (Ryff & Keyes, 1995). This echoed the development of positive psychology where the need was to shift away from traditional approaches to researching positive approaches.

The studying of subjective well-being grew rapidly. Based on Maslow's stratification of needs, western societies have more-or-less satisfied their basic needs allowing them to progress to the next level of needs (Maddi, 1996). People are entering a "post-materialistic" world, in which they are searching for a better quality of life that exceeds financial security. Therefore, satisfaction with life is a key indicator of well-being (Ryff & Keyes, 1995).

3.5.2. Theoretical approaches

The first theories focussed on the reduction of tension in order to insure well-being and to live a fulfilled existence. Through the elimination of pain and by satisfying biological and psychological needs one can create a fulfilled existence. Freud's theory emphasized that the tension provided by the "Id" results in the activation of defence mechanisms to minimize this tension (Cohen, 2005). Maslow's theory of needs emphasizes the concept that individuals' needs are stratified in an order ranging from most basic to needs of self-actualization at the top (Maddi, 1996). Both these theoreticians developed their thoughts based on the concept of tension relief before one can be satisfied.

Goal theorists argued that subjective well-being can only be reached when an ideal state is achieved. An ideal state could be the degree of discrepancy between what one had previously and what one has currently. When comparing the past to the present in relation to what one's significant others have, one can achieve a sense of fulfilment (Snyder & Lopez, 2002). These approaches allow for much criticism because they reflect a traditional perception where discomfort is still the main cause of functioning. The ability to reduce discomfort therefore dictates well-being and not one's inherent ability to create well-being. If the circumstances change, new needs are created and new goals and actions have to be implemented to reduce tension.

Csikszentmihalyi (1975) indicated that participation in interesting events stimulates skill levels, which contributes towards well-being and making people happy and reduces tension. Goal researchers agreed that having important goals and pursuing them, could be a reliable indicator of well-being (Snyder & Lopez, 2002). There remain some theoreticians who still believe that well-being cannot be explained just by the stable conditions of people's lives. They feel that well-being is influenced by personality dispositions. Research conducted on the immediate and long term effects of well-being indicate that even though certain conditions may influence well-being it is the individual's ability to adapt to change that will influence subjective well-being (Snyder & Lopez, 2002). Snyder and Lopez (2002) argue that one reason for the stability and consistency of subjective well-being is the genetic aspects to personality. Differences in subjective well-being result from individual differences on how people think of the world, how pleasant and unpleasant information is dealt with and processed. Certain individuals will tend to recall unpleasant events more regularly than pleasant ones (Snyder & Lopez, 2002).

In 1984 Diener (Diener et al., 1999) distinguished between top-down and bottom-up processes that influence SWB. The top-down process refers to personality traits and subjective inclination towards well-being, whereas bottom-up refers to external factors such as external events, situations and demographical influences that contribute to well-being. As previously mentioned Diener (Diener et al., 1999) postulates that subjective

well-being consists of several constructs, joy, elation, contentment, pride, affection, happiness and ecstasy. Recently, researchers indicated that bottom-up approaches do not satisfy the understanding of well-being sufficiently. Researchers turned to the top-down idea of understanding SWB, therefore more emphasis needs to be placed on intra-psychic processes in order to understand psychological well-being. The personality structures referred to by Diener were:

- Temperamental predispositions. Heritability studies indicate a strong correlation between genetics and behaviour (Diener et al., 1999). Studies done on both monozygotic and dizygotic twins who were reared together and apart indicate that genetics has some influence on SWB. The next level of research to investigate what influence genes has on neurotransmitters, which in turn influence SWB.
- Personality and environmental interactions. Certain individuals might have the genetic predisposition to react to positive events, but then happiness will only ensue if pleasant events occur (Diener et al., 1999). Two contentions could be formulated, (1) individuals choose situations on the basis of their personality, which make them happy or (2) congruence between personality and situation would enhance SWB. Research indicates a greater support for the congruence contention (Diener et al., 1999). Therefore, assertive individuals express more positive affect when engaged in assertive behaviour.

The multiple theoretical frameworks describing well-being have led to the development of a multidimensional model, consisting of six distinct components. These dimensions in combination describe well-being and wellness in general. They include, (1) positive evaluation of one's self and one's past life (Self-acceptance), (2) a sense of continued growth and development as a person (Personal Growth), (3) the belief that one's life is purposeful and meaningful (Purpose of Life), (4) the possession of quality relations with others (Positive Relations with Others), (5) the capacity to manage effectively one's life and surrounding world (Environmental Mastery), and (6) a sense of self determination (Autonomy) (Ryff & Keyes, 1995). However, the proposed model has not been

investigated thoroughly with empirical methods to determine to what extent dimensions correlate with each other.

3.5.3. Eudaimonic and hedonic well-being

Aristotle proposed two philosophical conceptions of happiness, which were eudaimonic and hedonic enjoyment. Aristotle felt that pleasure was more than the replenishment of needs but that virtue underlies the meaning of pleasure and will be more valued even if it doesn't bring pleasure (Matson, 1987). It was Waterman (1993) who integrated the philosophical contentions of Aristotle with recent theoretical formulations. His description of well-being and happiness includes Aristotle's eudaimonism and hedonic perceptions. Waterman's (1993) conception is as follows:

- Eudiamonism. It is an ethical theory that influences people to live life in accordance with their true selves (daimon). The daimon refers to the ability of each person to live to one's greatest fulfilment, to achieve perfection and to strive therefore constantly, thereby achieving meaning in one's life. Efforts to realize one's potential give rise to what is known as eudiamonia. Such efforts to realize one's potential are unique expressions of each individual. The same as Aristotle, Waterman (1993) proposes that happiness or eudaimonia is an activity expressing virtue, where virtue is considered to be that what is considered to be the best within us. Therefore, eudaimonia could be described as being pleased with one's life. Eudaimonic experiences of personal fulfilment occur when:
 - There is an unusual intense involvement in an undertaking.
 - There is a feeling of a special fit in an activity that is not characteristic of most daily tasks.
 - There is a feeling of intensely being alive.
 - There is a feeling of completeness or fulfilment while executing an activity.
 - There is an impression that this is what a person is meant to do.
 - There is a feeling that this is who one really is.

- Hedonism. The laymen's description of happiness is what is generally considered as hedonic happiness, a subjective experience that includes "*the belief that one gets the important things one wants, as well as certain pleasant affects that go along with this belief*" (Waterman, 1993, p. 678). Hedonic happiness may be experienced when pleasant affects accompany the satisfaction of needs, physical, cognitive or social. Hedonic happiness could be achieved without the influence of eudaimonia. There are several other routes by which hedonic happiness could be achieved without personal expressiveness. Lyubomirsky (2001) also classified hedonic happiness as consisting of processes such as social comparison, dissonance reduction, self-reflection, self-evaluation and personal perception which influence happy or unhappy individuals.

The question could be asked, what constitutes psychological well-being or happiness. While many researchers attempt to map out the tale of well-being an extensive discussion of this is not in the scope of this study. However, well-being will be employed to gain an understanding of the positive effects that being exposed to military and combat experiences have on individuals. In an article Stämpfer (1995) focuses on the impact war has on individuals from a salutogenic perspective. Exposure to military experiences and combat stress could develop into positive psychological outcomes in a similar manner in which pathologies may have developed. It is my study's intention to explore former soldiers in Special Forces' current levels of well-being (eudaimonic and hedonic) and how their perceptions of their experiences have influenced their well-being and SOC.

3.6. INTEGRATION OF CONCEPTS

Up until now a greater understanding of the well-being and sense of coherence has been presented. What remains to be investigated is the relationship between well-being and sense of coherence and to what extent it contributes towards soldiers being able to deal with their war experiences. Fundamentally, Antonovsky proposed the health ease/disease model where individuals are positioned on the continuum depending on their life circumstances. Antonovsky (1987) also indicated that it is much more difficult to

determine well-being in relation to this continuum, the reason being that well-being is broadly defined and consists of several different sub-categories. Studies do indicate that there is a relationship between health and well-being or between the health side of the continuum and well-being (Antonovsky, 1987). However, this relationship is limited because it is based on self-reported health and subjective well-being.

Research indicates that comparing how one's peers are doing and one's experiences of the past as well as desires and ideals will determine if one is presently happy (Lyubomirsky, 2001). Therefore, well-being and satisfaction are enhanced when one's goals are intrinsic and in congruence with one's own motives and needs, when one's goals are feasible and realistic and are valued by one's culture. Furthermore, people appear to be relatively happier when they choose to pursue success, rather than avoid failure and are committed to achieve goals and believe they are making progress towards them (Lyubomirsky, 2001). It is also indicated that happier people are more likely to be characterized by optimistic strategies and biases shown towards life's victories rather than defeats. One could argue that these people would lean towards the positive side of the health ease/dis-ease side of Antonovsky's model.

In both SOC and well-being central themes such as the individual's past experiences and perceptions of the past contribute towards the current levels of SOC and well-being. Antonovsky (1979) clearly illustrated the importance of life experiences in the development of a strong SOC. Life experiences assist individuals in perceiving life as coherent and consistent, but if the experiences are regularly inconsistent and result in unpleasant surprises they will reduce SOC. However, Antonovsky clearly states that it is the manner in which unpredictability is dealt with that will enhance SOC.

When soldiers are faced with combat exposure it inevitably creates unpleasant surprises and unpredictability. More so, soldiers in Special Forces have to anticipate unpredictability on a regular base. One could argue that their experiences in Special Forces could have assisted them in developing a stronger SOC than those in other populations of society. Another necessity for the development of a strong SOC is that

one's experiences should be rewarding as well. This correlates with the perceptions proposed with hedonic and eudiamonic well-being. Special Forces soldiers could express their eudiamonic well-being in that they believe for example that their services in the Angolan war contributed towards saving the lives of other soldiers.

In a hedonic sense these soldiers experienced a sense of achievement based on them completing their training cycle successfully and qualifying as Special Forces Operators. This achievement could contribute towards them being satisfied and content with themselves and is an achievement that sets them aside from regular soldiers (GI's). The unpredictability of their work environment could result in the enhancement of their SOC, leaning towards the positive side of the health continuum.

Antonovsky (1979) indicates that young adults have tentative stable sets of life experiences upon which their SOC can be founded. During war most young adults' perception of their life experiences are challenged possibly leaving them with a volatile SOC. These young men have to adapt their understanding of their life experiences enabling them to develop a stronger SOC.

On average, soldiers joining the military for national service entered into their young adulthood. Young adults have already developed a tentative sense of coherence based on their childhood experiences. This tentative SOC was still in need of added development to assist young candidates to deal with the rigours of the Special Forces selection. Most of the young adults attempting to complete the Special Forces selection and training directly after leaving school fail. Only those with a more rigorous SOC that has been developed over some time are usually successful. These are the candidates who have had at least some life experience before attempting the selection.

CHAPTER FOUR

RESEARCH METHOD

4.1. INTRODUCTION

Research in simple terms is a way of going about finding answers to questions (Neuman, 1997). Social research is that aspect of science, which deals with the social environment, aiming to understand the social world. Neuman (1997) emphasizes the fact that social research is a collection of methods people use systematically to produce knowledge. Moser and Kalton (1975) define social research as a “fact finding study dealing chiefly with the nature and problems of the community”.

Before one can embark on researching the social environment one should have a thorough plan of action. This plan of action is commonly known as a research design. A research design is a strategic framework that creates the answering of a research question (Terre Blanche & Durrheim, 1999). This chapter illustrates and describes the process that was followed to execute this research design. The concepts that will be addressed are the research paradigm, sampling procedure, data collection and data analysis.

4.2. RESEARCH DESIGN

Research designs are known as “blueprints” that will determine which course of action needs to be taken in order to conduct the research. Before decisions are made regarding the design certain factors need to be taken into consideration, such as (1) the purpose of the research, (2) the theoretical paradigm on which the design is founded, (3) the context in which the research is carried out and (4) the techniques employed to collect and analyse data (Terre Blanche & Durrheim, 1999). These factors should be addressed thoroughly prior to developing the design thereby ensuring the maintenance of validity and reliability. Moser and Kalton (1975) focus on methodological questions that need

attention before starting with any research design. These are: what population is the study aimed at, what information to seek, how to collect information as well as how to process and to interpret the results.

Terre Blanche and Durrheim (1999) broadly divide research into three main paradigms based on three basic dimensions. The paradigms referred to range from positivistic, interpretive to social constructionist. The basic dimensions of ontology, epistemology and methodology will determine what paradigm will be followed. A positivistic research approach is based on quantitative methodology, which measures variables and their relationship to each other (Terre Blanche & Durrheim, 1999)

Adopting a positivistic approach one can determine the relationships between the variables, which will be the main aim of this dissertation. Positivistic social science is widely used and is commonly referred to as the approach of the natural sciences (Neuman, 1997). It, at times is also referred to as logical empiricism, conventional view and naturalism. However, for some it is not good to always adopt a positivistic approach. The reasoning behind the criticism against positivistic science is that it tends to lose the context wherein social events that are being researched occur. Quantitative research relies primarily on positivistic assumptions regarding science thereby measuring variables in order to deduce information from the data and statistics (Neuman, 1997).

The main variables in this research are members' *perception of their experiences in Special Forces*, their *current well-being* and their *SOC*. Therefore, this dissertation will aim at determining to what extent their perception of service rendered in Special Forces has contributed towards current levels of SOC and well-being.

This study reflects the assumptions held by a cross sectional correlational design. This type of design is held in a positivistic paradigm. A cross sectional design elicits information from people with regard to a number of different conditions at a single time (Breakwell, Hammond & Fife-Schaw, 1998). In layman's terms it is when a slice of time

is taken and groups are examined in that specific time period (Rosnow & Rosenthal, 1996). This dissertation will focus on a specialised group over a specific time period.

When focussing on a specialised population, slight adjustments to the research design should be made to accommodate the population. A specialized population is that population in which the members share common characteristics, such as age, sex, race, experiences or perceptions etc. (Lyberg, Biemer, Collins, De Leeuw, Dippo, Schwarz & Trewin, 1997). The specialized population for this dissertation is former Special Forces soldiers who have served in the Angolan war. Lyberg et al. (1997) suggest that several key stages in the research design are required for surveying specialized populations. The stages are: (1) define the target population and analyse what makes this group special, (2) determine the mode of data collection, (3) use samples that reflect the specialised population, (4) customise the questionnaire to fit the sample, and if required, train and select interviewers for data collecting purposes.

4.3. SAMPLE PROCEDURE

As previously indicated this study adopts a cross-sectional research design that focuses on a specialised group. This implies that the sample of respondents was approached once only (Breakwell, Hammond & Fife-Schaw, 1998). Neuman (1997) indicated the importance of selecting the appropriate target population before the research commences in order to emphasize reliability and validity. Terre Blanche and Durrheim (1999) suggest that researchers should clearly address crucial issues before approaching the sampling issues for a specialised population. The issues are how the data will be collected from the sample, what are the characteristics of the required sample, what sample size is required.

Moser and Kalton (1975) highlight the advantages of focussing on a sample as compared to a broader general population. Advantages such as saving financial costs, saving labour, saving time and fewer questionnaires could be processed with more accuracy allowing for a higher quality of data processing.

In this dissertation the sampling population focussed on soldiers who have successfully completed their Special Forces training and have qualified as operators (a term used to describe a soldier who has successfully completed his selection and training cycle) and specifically relevant to this study, those who have rendered service during the Angolan war. The sample frame is the operationalization of the target population from where the sample will be selected (Neuman, 1997). The sample frame for this research will include members from the Special Forces League. Soldiers who have completed their active service in Special Forces have founded a fraternity known as the “Special Forces League”. The aim of this organisation is to keep the traditions and spirit of the Special Forces soldier alive. It is also concerned with the welfare of its members especially those who have endured testing times. The League’s membership consists of members who are currently serving in Special Forces and those who have served in Special Forces but have resigned from active military service.

Based on the already limited number of respondents who qualify to participate in the research a non-probability sampling technique was adopted. This technique is indicated when (1) unique cases are required which are especially informative, (2) when the researcher selects members of a difficult to reach specialized population, and lastly when (3) the researcher wants to identify particular types of cases for in-depth investigation (Neuman, 1997). All three conditions mentioned above are relevant to this dissertation and therefore a non-probability sampling technique was adopted.

The sample selection was based on the following basic criteria:

- At least two years of active service in Special Forces as an operator (term used to identify the members who have been qualified to participate in Special Forces type operations).
- The two years of service must include time spent in the Angolan war.
- Members must have resigned from active military service for at least five years.

4.4. DATA COLLECTION

Terre Blanche and Durrheim (1999) proposed a four-stage research process wherein research is conducted. Data collection is the third stage in their research process. The first stage is when the research question has been finalized followed by the second stage, which is the completion of the research design. The first two stages are more planning orientated where stages three and four are more practical and applied orientated. Data collection is a specific technique employed to collect the raw material (data) needed on which valid conclusions could be formulated for the research. It is therefore the basic material the researcher works with.

Data collection in this dissertation was conducted by means of scales and questionnaires. By adopting self-completion questionnaires and scales, data were elicited directly, which allowed for more control on what information is necessary from the researcher's point of view (Breakwell, 1998). Scales and questionnaires are measuring instruments that are used to gather information and to convert the raw data into ordinal, interval and ratio measures, which are expressed numerically. According to Neuman (1997) scales are used in situations where the researcher wants to measure how an individual feels or thinks about something. By using scales and questionnaires the relationship between the variables could be determined quantitatively in this research.

4.4.1. Development of questionnaire

The standard questionnaire is a self-report method wherein respondents can describe their own state of mind and behaviour (Rosnow & Rosenthal, 1996). Questionnaires are convenient to use because (1) they can be administered to a large number of people, (2) they are fairly economical and (3) they provide a sense of anonymity (Rosnow & Rosenthal, 1996). The questionnaire remains one of the most basic and simple devices whereby information can be gathered quantitatively (Breakwell, Hammond & Fife-Schaw, 1998). The type of information gathered by questionnaires is that which enquires about people's background, factual information, and demographic information as well as

information regarding behaviour, beliefs, knowledge, intentions and aspirations (Fife-Schaw, 1995). Schwarz (Lyberg et al., 1997) emphasizes several aspects that are important for the question answering process that researchers should pay attention to in their questionnaire development. These aspects include (1) asking and answering questions: cognitive and communicative process, (2) respondents understanding the questions, (3) recalling or computing a judgement, (4) formatting the response and (5) editing the response.

By using both open-ended and closed questions in the questionnaire the researcher can elicit both spontaneous and well-structured responses. By including open-ended questions the researcher does not suggest certain answers but can explore his research question more elaborately. Open-ended questions can prove to be more difficult, they take more time to complete, invite rambling and reliability becomes more difficult to determine. The main advantage of closed-ended questions is that it forces respondents to provide answers that the researcher is interested in (Rosnow & Rosenthal, 1996). The questionnaire developed to measure soldier's perceptions of their services rendered in Special Forces contained both open- and closed-ended questions.

The questionnaire also accommodated several forced-choice scales to measure operators' perceptions. By adopting this approach the researcher could force respondents to quantitatively indicate their perceptions, either positive or negative, regarding their service in Special Forces. One of the main advantages of adopting forced-choice scales is that it counters the halo effect. The halo effect is the tendency to formulate a favourable impression of someone based on a single trait that extends that impression to all others with a similar characteristic (Rosnow & Rosenthal, 1996). However, Rosnow and Rosenthal (1996) do warn against other errors that could occur when adopting forced-choice scales. These are known as leniency bias, central tendencies and logical error in ratings. All of the above-mentioned errors have been accounted for in the final draft of the self-complete questionnaire.

Sarantakos (1993) has proposed a multi phase questionnaire construction process. It is initiated by starting with the preparation followed by the development of the first draft, critique on the draft, scrutinizing by external evaluators, integrating the external evaluators' comments on the draft, pre-test measuring devices, revision and lastly the formulation of the final draft. The development of the measuring devices in this dissertation was based on Sarantakos' suggestion of the research process. Adherence was also given to Neuman's (1997) suggestions regarding things to avoid when drafting questionnaires. These suggestions include, (1) avoiding jargon, slang and abbreviations, (2) avoiding vagueness and confusion, (3) avoiding emotional words, (4) avoiding double-barrelled questions, (5) avoiding leading questions, (6) avoiding asking questions beyond respondents' capabilities, (7) avoiding false premises, (8) avoiding asking about future intentions, (9) avoiding double negatives and (10) avoiding overlapping or unbalanced response categories.

Due to the unique characteristics of the sample no instrument exists to measure Special Forces operators' perception of their services rendered in Special Forces. A specific questionnaire had to be developed to measure. Two processes guided the development of the questionnaire, the researcher's own experiences and consulting the literature. The researcher's own experiences as a Pathfinder (specialized group within the Parachute Forces) during his military service as well as feedback received from discussions with Special Forces operators assisted in the development of the questionnaire. The feedback given by Special Forces operators was integrated with the literature before being introduced into the questionnaire structure. The questionnaire was submitted to several members at the University of Pretoria's Psychology and Statistics Departments for external scrutiny.

The items in the questionnaire addressed the following:

- Basic biographical information (e.g. age, years of service in Special Forces).

- Personal information such as: marital status currently and during service periods, current employment status, level of education and the extent of psychological assistance during or after service in Special Forces.
- Military information such as; age when qualified as a Special Forces Operator, time period of services rendered in Special Forces, field of expertise (e.g. demolitions, small teams, reconnaissance, urban, seaborne, airborne and sniping).
- Members were required to write down five of the most favourable and five of their least favourable experiences of their time spent in Special Forces, which have had an impact on their lives. Each was rated on a 5-point Likert scale with the options as somewhat positive/negative, little positive/negative, average, sometimes positive/negative and very positive/negative.
- Standardized scales were included in the questionnaire to measure the sense of coherence and well-being constructs.

Feedback was integrated into the draft, which was used for pre-testing. Three members reviewed the questionnaire, one from the department psychology and two from the Statistics department. The revision committee suggested minor adjustments to the questionnaire. The main suggestions referred to the numbering and scoring of the questionnaire. The revised questionnaire was finally administered to a selected pre-test group for final evaluations (see pilot test questionnaire section).

These scales and questionnaires were distributed to members during the Special Forces League's meeting once a month or via e-mail to the League's members. Completed questionnaires were returned to the researcher or to the chairman of the League. Questionnaires that were distributed through e-mail were returned directly to sender (researcher).

4.4.2. Scales

According to Neuman (1997), one of the main reasons for utilizing scales is that it increases reliability and validity of the research design, and they aid in the reduction and simplifying of the raw data. Scales are commonly used to measure people's feelings and what they think. Scales express variables in ordinal, interval and ratio numerical measures.

Neuman (1997) suggests that scales are used for two related purposes. The purposes are (1) scales help in the conceptualisation and operationalization process and (2) scaling produces quantitative measures and can be used with other variables to test research questions. The scales in this dissertation are expressed numerically and respondents are required to indicate their responses on a seven point numerical continuum. By assigning numbers respondents are forced to think about quantities. The scales adopted in this dissertation aimed at reflecting respondents' current levels of well-being and sense of coherence quantitatively. The scales used are commonly used to measure individuals' perceptions within a positive psychology paradigm.

4.4.2.1. Orientation to Life Questionnaire (OLQ)

Sense of coherence was measured with Antonovsky's *Orientation to life Questionnaire* (OLQ) or at times referred to as the SOC scale. The OLQ has a 29-item and a 13-item rating scale. The 13-item scale was used on this study. This scale measures an individual's way of experiencing his world and his life in it. The OLQ 13-item includes the three main concepts of SOC. It has five comprehensibility, four manageability and four meaningfulness items. Five items on the scale indicate the negative and have to be reversed during scoring. Each item is ranked from 1 to 7 with appropriate anchors. Respondents are instructed to indicate the option they feel reflects their answer adequately. Wissing and Van Eeden (2002) attest to the applicability of the scale in a South African context. The OLQ's English version was used for completion; no difficulties with the language of the scale were reported.

OLQ has been analysed extensively to determine its reliability as a measuring instrument. The Cronbach alpha coefficient was adopted to determine internal consistency and reliability. The average alpha, un-weighted for sample size in five published studies and in four theses/dissertations ranged between 0.82 and 0.81. This indicates a relatively high internal consistency in a variety of populations, languages and cultures (Antonovsky, 1993). There have been relatively few test-retest reports. However, a study done on US male veterans at a medical centre indicated that the test-retest reliability is 0.77 on the SOC-13 (Antonovsky, 1993).

Content, face, consensual and construct validity is important for any measuring instrument. The construction of the OLQ promotes content validity. Antonovsky (1993) refers to several studies that emphasize the fact that the OLQ does adhere to content, face and consensual validity. This measuring instrument has also been used successfully on several South African populations, thereby emphasizing validity (Wissing & Van Eeden, 2002).

The eudiamonic well-being sub category was also measured with Antonovsky's *Orientation to Life Questionnaire (OLQ)*. The OLQ also reflects on an individual's eudiamonic well-being as indicated by Wissing and Van Eeden (2002). For practical considerations the OLQ was utilised for a dual purpose as measuring the SOC and eudiamonic well-being, thereby minimizing the respondent's time spent on completing the questionnaire.

4.4.2.2. Satisfaction With Life Scale (SWLS)

The hedonic well-being sub category was measured with the *Satisfaction With Life Scale (SWLS)* of Diener, Emmons, Larsen and Griffen's (1985). The SWLS attempts to measure life satisfaction as a cognitive-judgemental process. The scale expects from respondents to provide an overall judgement of their lives. The scale is written on a 6th to a 10th grade reading level using a 7-point Likert scale. The measuring instrument consists of five items (McRae-Bergeron, 1999).

The reliability of this instrument has been proven to be good in several studies. The Cronbach alpha measurement revealed internal consistency with scores between 0.79 and 0.89. The SWLS has a strong internal reliability, moderate temporal stability, and a 1- to 2- month test-retest reliability of 0.64 to 0.82 (McRae-Bergeron, 1999). Diener et al. (1985) reported a two-month test retest reliability of 0.82 and an alpha reliability of 0.87. Diener et al. (1985) state that the SWLS has good construct validity.

Research done by Wissing and Van Eeden (2002) on a South African population indicates that this scale is valid and reliable for an African context. Therefore, the Satisfaction with Life Scale has desirable psychometric properties.

4.4.3. Pre-testing of questionnaire

The aim of the pre-test is to enable the researcher to determine if the items are worded correctly and do not lead to the respondent providing unrealistic and narrow answers (Rosnow & Rosenthal, 1996). The researcher did determine that no leading questions were included that could produce biased answers. It is important to administer the pre-test in the same manner as the final study (Sarantakos, 1993). Lyberg et al. (1997) indicates the importance of field pre-testing the questionnaire. It could uncover many problems that could go unnoticed in the field, problems such as question comprehension problems when respondents could ask to clarify questions.

The draft questionnaire was administered to four candidates. The candidates are current Special Forces operators who also served in Special Forces during the Angolan war. The only difference between the pre-test group and the sample is that the pre-test group are all currently members serving in the SANDF and are not civilian members as the sample. The reason for this is that the sample is already a very small group and the researcher didn't want to utilize members from the sample to complete the pre-test questionnaire. The researcher felt that he would rather save on the target population for his study than lose respondents to administer the pre-test questionnaire.

The questionnaire was administered to these members in a hard copy format. The researcher was responsible for administering of all the questionnaires to the pre-test group. The researcher noted the time taken to complete the questionnaire and debriefed the members after completion of the questionnaire to obtain information and to make necessary adjustments to the questionnaire. Minor adjustments were required in the questionnaire.

Due to the limited availability and location of Special Forces League members, an interactive e-mail draft had to be developed. The e-mail version was distributed to members living outside Gauteng and South Africa. The Internet version was sent to two Special Forces League members for completion. However, these members did not meet the requirements of the target population. After receiving their feedback minor practical adjustments were made to the layout of the questionnaire. These adjustments made the questionnaire more user-friendly. No adjustments were made to the content of the questionnaire.

4.5. DATA ANALYSIS

Data analysis is traditionally the second last stage of the research process (then followed by the interpretation of the data), data has now been edited and coded and is ready for the first step to be summarized (Moser & Kalton, 1975). The statistical analysis comprised descriptive statistics, correlational analysis and content analysis. The main focus was to determine the correlation between the three variables (perception of respondents' experiences in Special Forces, SOC and well-being).

4.5.1. Descriptive statistical analysis

Descriptive data consists mainly of figures, charts and tables to provide a condensed picture of the data (Neuman, 1997). But data first needs to be organized and manipulated to get it to reveal what the researcher intends revealing. By adopting descriptive statistical analysis the researcher can describe what is happening visually with behaviour

(Rosnow & Rosenthal, 1996). Diekhof (1992) emphasizes the fact that statistics are the tools for the social researcher to build theories in the same manner as a builder utilizes his tools to build buildings.

Information gathered from the biographical section of the questionnaire only reflects single variables, which could be described with frequency distributions in either a bar chart, histogram, pie chart or frequency polygon (Neuman, 1997). Bivariate statistics analyse the relationship between two variables (Neuman, 1997). This study did attempt to understand the relationship between sense of coherence, well-being and soldiers' perception of their service in Special Forces.

The questionnaire expected respondents to complete a variety of questions that were on nominal and ordinal levels of measurement. Nominal measurement intends to divide data into clear and exclusive categories, thereby simplifying the scoring procedure for the researcher (Diekhof, 1992). These categories were decided by the researcher based on information gathered during the design of the questionnaire. The nominal measurement was utilized mainly in gathering biographical and personal information of members' time spent in Special Forces.

The ordinal measurement was introduced to measure scores based on quantitative differences (Diekhof, 1992). Certain questions required the respondents to indicate the quantity of their perceptions or attitudes on a scale. Most of the scales were in either a 5- or 7-point Likert Scale format. This allows the researcher to place responses in a rank order as well as naming them (Wright, 1997).

The measurement of age is categorized as an interval measurement level. Interval levels allow for the determining of the distance between measuring points of gathered information (Wright, 1997).

4.5.2. Content analysis

Content analysis is a research method, which uses procedures to make valid inferences from text. The inferences are about the message, the sender of the message and those to whom the message is applicable (Weber, 1990). Weber (1990) suggests that content analysis could be used for several reasons; the most relevant to this study is that it reflects cultural and belief patterns of groups, institutions and societies. It can reveal the focus of a group, institution or society and specifically it can code open-ended questions in surveys. Content analysis is a process where several words in a text are classified into smaller content categories, where each category might consist of one or several words. Words or phrases of the text in the same category are presumed to have the same meaning. It is imperative for valid inferences from the text that the classification procedure should be consistent and must create variables that are valid (Weber, 1990). According to Neuman (1997), content analysis is a technique for gathering and analysing the content of a text, where the text is any medium of communication. The researcher uses objective and systematic counting and recording procedures to produce a quantitative description of the symbolic content of the text (Neuman, 1997).

Wimmer and Dominick (1987) suggest that content analysis could be sub divided into several steps. The steps relevant to this study include, selecting the unit of analysis, constructing categories for analysis, establishing a quantification system, coding the content, analysing the data and interpreting the results.

- Selecting the unit of analysis. This refers to the phenomenon that is being counted; it is the smallest part of content analysis. In this study it consisted of themes identified in the data.
- Constructing categories for analysis. This refers to creating categories into which themes can be sorted in order to create exclusivity.

- Establishing a quantification system. The content analysis of the questionnaire renders data on a nominal level. At the nominal level, researchers simply count the frequency of occurrence of the units in each category. In addition data on an ordinal level was obtained by respondents indicating the extent of which their experiences were either positive or negative.
- Coding the content. The coding of the content is a process whereby the unit of analysis is placed into a content category.
- Analysing the data. By employing descriptive statistics the data was analysed appropriately. Descriptive statistics aim at reflecting data in percentages, means, modes and medians as well as relationships between variables. The data were used to determine correlations or relationships between variables. In this study it indicated the relationship between member's perceptions of their experiences during their time spent in Special Forces and their current levels of well-being and SOC.
- Interpreting the results. This refers to inferring the meaning of the results of the data analysis.

The questionnaire in this research required respondents to indicate five positive and negative experiences of their service in Special Forces and it was analysed by quantitative content analysis. By adopting Weber's (1990) understanding of content analysis, the researcher could analyse the content of the open-ended questions in the questionnaire, thereby determining what specific aspects of a soldier's experience in Special Forces are relevant and contributed towards his current levels of well-being and SOC.

The researcher adopted Wimmer and Dominick's (1987) steps in content analysis to determine the respondents' perceptions of their service in Special Forces. Thereby, reliability and validity were maintained when themes were elicited from the open-ended

questions. Three types of reliability exist in content analysis: stability (the extent to which content classification is invariant over time), reproducibility (the manner in which content classification produces the same results if another coder codes the text) and accuracy (the manner in which the classification of the text corresponds to a standard or norm) (Weber, 1990).

If content analysis has a concern it would be with its validity. Validity consists of three basic types: (1) criterion-related validity (the manner in which the measure relates to some other standard or criterion that is known), (2) content validity (the extent to which a measure reflects a certain domain of content, for example when a test of knowledge is required) and (3) construct validity (the extent to which a measure of a construct is empirically related to other measures with which it is theoretically associated) (Terre Blanche & Durrheim, 1999). Content analysis relies much on face validity, which is the weakest form of validity because it relies on a single variable (Weber, 1990). However, the advantages of employing content analysis in this research is that it allowed for developing a greater understanding of Special Forces soldiers and their perceptions of Special Forces in an open manner without restricting respondents' answers.

4.5.3. Inferential statistical analysis

Adopting descriptive statistical analysis limits the researcher to describe the data collected. To create a greater understanding of the available data inferential statistical analysis was adopted. Inferential statistics focus on testing possible hypotheses and determining whether differences in results are adequate to indicate relations between variables (Neuman, 1997). During the data analysis certain correlations between variables needed to be determined. Due to the small sample size and the utilization mainly of ordinal and nominal levels to determine correlations non-parametrical data analysis techniques needed to be introduced (Diekhof, 1992). Smit (1983) suggests that non-parametric techniques are required when data ranges on ordinal and nominal levels and when samples are limited as well as when limited information is available regarding the nature of the distribution. The following analysis techniques were adopted:

4.5.3.1. Chi-square

This technique is utilized when the researcher needs to determine the difference between obtained data and theoretical distributions (Smit, 1983). The Chi-square (χ^2) statistic was mainly adopted in a descriptive statistical manner. It did attempt to determine the strength of the association between two variables. The variables identified for analysis were:

- SOC and age.
- Well-being and age.
- SOC and time spent in Special Forces.
- Well-being and time spent in Special Forces.

4.5.3.2. Fisher's exact test

When data cells/categories are very small it is advisable to utilize Fisher's exact test instead of the chi-square test (Wright, 1997). A question in the questionnaire required from respondents to indicate on a 5-point Likert scale how much their time spent in Special Forces has contributed to their current level of well-being. All of the respondents' indications were on the higher side of the scale. This becomes problematic when attempting to determine the relationship between their responses and the OLQ and SWLS.

4.5.3.3. Spearman correlation coefficient

The Spearman correlation coefficient is utilized when correlation needs to be determined between two ranked sets of data (Rosnow & Rosenthal, 1996). In this study the researcher needed to determine the correlation between the two scales utilized in the study, OLQ and SWL. Both of these measuring instruments reflect data that are ranked.

4.5.3.4. t-test

The significance of the data collected by the measuring instruments (OLQ, SWL) can mainly be determined if the sample's results are compared to other similar sample groups. The t-test allows for the comparison of population means with other populations and examines the difference between two means against the within- group variability (Rosnow & Rosenthal, 1996).

4.6. CONCLUSION

This chapter provides a clear illustration of the research methodology utilized in this research. It provides brief theoretical explanations of the research procedures that were followed, starting from the research design, method of data collection, the measuring instruments utilized and the different statistical analysis techniques that were used to understand the data.

CHAPTER FIVE

STATISTICAL RESULTS

5.1. INTRODUCTION

This chapter will explain the data collected, both quantitative and qualitative, during the study. The data are divided into descriptive and inferential statistics for analysis purposes. First, the description of the sample will be given. This will be followed by describing the categories as determined by the content analysis of the open-ended questions in the questionnaire. Inferential statistical analysis was required to determine the relationship between certain variables. Inferential statistics include Chi-square, Fishers exact test, Spearman's correlation coefficient and the t-test.

5.2. DESCRIPTION OF THE SAMPLE

In this section specific characteristics regarding the sample will be illustrated with tables and figures. The description will illustrate the following items of the questionnaire: age, marital status, current employment status, education levels, language, psychiatric diagnosis, age when qualified as operator, time spent in Special Forces, advance specialization, impact of service rendered in Special Forces on current levels of functioning and how service in Special Forces impacted on member's life.

Not all of the variables are reflected in tables. Only the variables that have significant distributions are illustrated in tables and figures. The variables with limited distributions are discussed separately under their headings.

5.2.1. Age distribution of sample

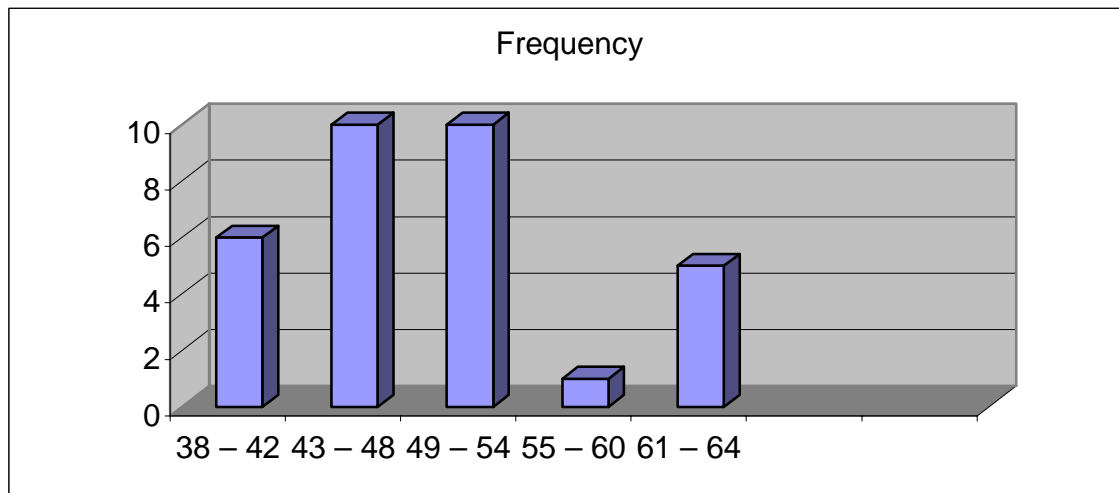


Figure 5.1. Age distribution of respondents

Figure 5.1 shows the frequency distribution for the different age categories. The distribution covers the age categories 38-42 (6 respondents), 43-48 (10 respondents), 49-54 (10 respondents), 55-60 (1 respondent) and 61-64 (5 respondents). Most of the respondents fall in the age group of 43 to 54 (20 respondents), followed by the age category of 38 to 42 (6 respondents). The average/mean age of the sample was $\bar{x} = 49.37$.

5.2.2. Marital status

Most of the respondents are currently married (87.1 %), followed by those who are divorced and are currently in a relationship (9.68 %). Only one respondent (3.23 %) is currently divorced and not in a relationship.

5.2.3. Current employment status

Most of the respondents are currently employed (71.88 %). Only three respondents are not currently employed due to external circumstances (9.38 %) and 18.75 % of respondents are unemployed due to own choice.

5.2.4. Highest level of education

It is indicated that 78.13 % of respondents completed their schooling successfully. Only 15.63 % have completed any tertiary qualification and 6.25 % started tertiary education but failed to complete it.

5.2.5. Summary of statistics for age when qualified as operator and period of service in Special Forces

Respondents were requested to indicate their age when qualified as Special Forces operators and the time period in years of their service. Table 5.1 provides the results:

Table 5.1. Distribution of age at qualification and period of service

Number of respondents	Measure	Mean	Median	Standard Deviation	Max value	Min value
32	Age when qualified	22.4	21	5.02	38	17
31	Period of service	16	16	6.35	33	4

Table 5.1 provides information regarding the mean, median, maximum and minimum ages of Special Forces members regarding their age when qualified as operators as well as the duration in years of their service in Special Forces. The mean age when respondents qualified as Special Forces operators was 22,4 and the mean time period in years service rendered in Special Forces was 16 years.

5.2.6. Different specialised qualifications

It must be mentioned that most of the 32 respondents indicated that they were qualified in more than one specialization category. Figure 5.2 therefore illustrates that most of the respondents are highly qualified. The figure also indicates that most of the respondents

are qualified in Halo/Haho (an abbreviation for high altitude low opening and high altitude and high opening parachute techniques), demolitions and in small teams warfare.

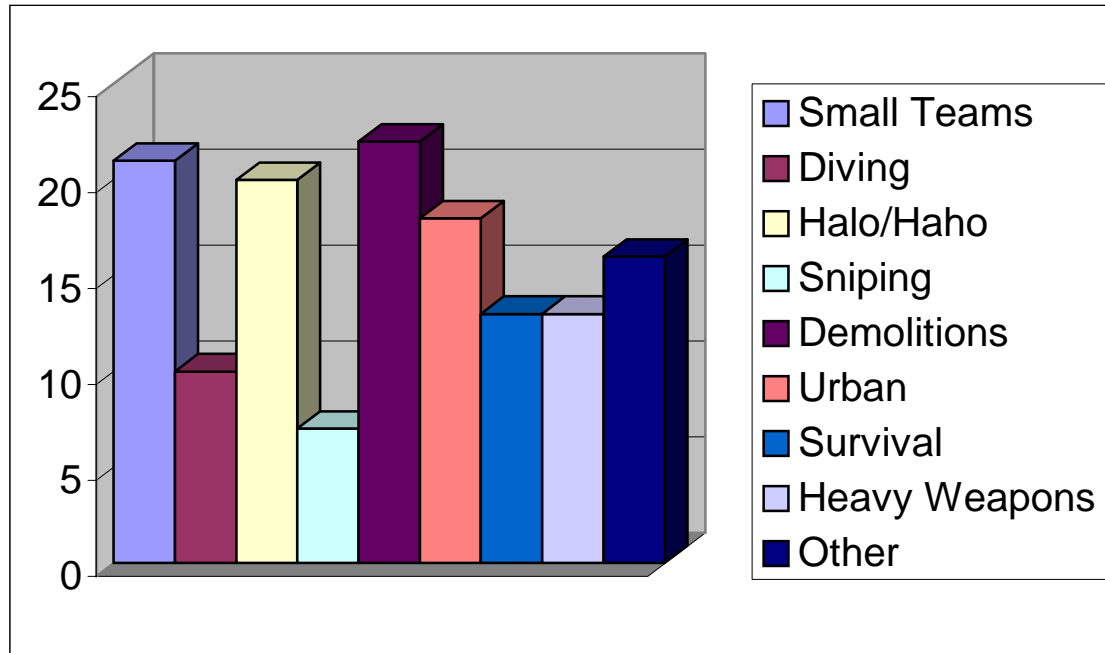


Figure 5.2. Distribution of different specialization categories.

5.2.7. Effect of time spent in Special Forces

Respondents were requested to indicate if their time spent in Special Forces has impacted either positively or negatively on their lives. All of the respondents indicated that their time spent in Special Forces did impact positively on their lives.

5.2.8. Diagnosis of any psychiatric/psychological problem

The respondents were asked to indicate if they ever were diagnosed with any psychiatric/psychological problem. Not one respondent indicated that he had been diagnosed with any psychological problems.

5.3. CONTENT ANALYSIS

The respondents were asked to indicate some of their most positive experiences while serving in Special Forces. After each response they had to indicate on a 5-point Likert scale the quality of their experience. The options used in the scale ranged from “*somewhat positive, a little bit positive, average, quite positive to very positive*”. Respondents were asked to indicate their most negative experiences. Again, they had to indicate on a 5-point Likert scale the quality of their experiences. The options used in the scale ranged from “*somewhat negative, a little bit negative, average, quite negative and very negative*”.

Many responses were brief. Some of the respondents left this part of the questionnaire blank. Respondents appeared more reluctant to complete the segment on negative experiences than positive ones. A few respondents indicated that there were no negative experiences of time spent in Special Forces. Others only completed one or two responses regarding their negative experiences. The irregular completion of this segment of the questionnaire makes it difficult to analyse statistically. However tables 5.2 and 5.3 indicate the frequency distribution of the experience categories. The frequencies are expressed in terms of the number of times each experience category was mentioned. Each of the 32 respondents could mention up to five positive and up to five negative experiences.

Table 5.2. Distribution of positive experiences categories

Categories	Frequency
Intra-personal	38
Camaraderie/esprit de corps	28
Training	28
Participation in operations	27
Adventure	20
Developing new skills	17
Total	158

Table 5.3. Distribution of negative experiences categories

Categories	Frequency
Intra-personal	44
Loss	22
Inadequate leadership	22
Organizational changes	13
Leaving of Special Forces	5
Injuries	3
Total	109

The total rows in tables 5.2 and 5.3 clearly indicate the difference between the number of positive and negative responses.

5.3.1. Positive experiences

Six categories could be identified from the data collected. The categories are:

- Intra-personal processes.

All the respondents indicated in one way or another the positive impact their services had on personal growth and experiences. Answers ranged from: “*develop trust in self and others*”, “*physical fitness*”, “*learn the value of life*”, “*work satisfaction*” and “*self-pride*” as well as “*religious enhancing*”.

- Comradeship/esprit de corps.

Themes that were elicited from this category relate to members’ perception of being proud of serving in an elite unit amongst very professional colleagues. Classic answers would be: “*comradeship*”, “*team spirit between soldiers*” and “*serving in one of the most elite units in the world*”.

- Training.

Many of the answers reflected on courses members were able to attend during their service. Many felt that their training provided them with good recollections of their time spent in Special Forces. Some of the answers were: “*doing parachute courses, freefall and Halo*”, “*completing diving courses*” and “*to complete my survival course*”.

- Participation in operations.

Many respondents indicated the positive impact being in operations had on their perception of their services. Some of the responses would be: “*positive battle spirit*”, “*participation in operations*”, “*first operation*” and “*first contact*”.

- Adventure.

Many indicated that adventure was one of the reasons that provided them with positive experiences. They felt that it was the possibility of adventure that drew them to Special Forces. Answers were for example: “*enjoyed the adventure*”, “*adventure*” and “*travelling*”.

- Developing new skills.

Some of the members felt that they were provided with the opportunity to develop new skills during their service in Special Forces. Some of the answers were: “*developed new skills*”, “*obtained and maintained skills not found elsewhere*”.

5.3.2. Negative experiences

Six categories could be identified from the data collected. The categories are:

- Intra-personal.

Some respondents felt that serving in Special Forces did impact negatively on intra-personal processes. Themes such as the following could be identified: “*over*

confident”, “*egocentric*”, “*not being recognized*”, “*operational and course failures*”, “*fear*” and “*pain*”.

- Loss.

All of the members who listed negative experiences indicated the fact that they had lost fellow soldiers in war as being very traumatic. Some also indicated that prolonged operational duty had led to their families breaking up. Some felt that operational duties had led to getting divorced. Answers were for example: “*losing fellow soldiers in battle*” and “*being away from loved ones*”.

- Inadequate leadership.

This category was phrased in many ways mostly indicating soldiers being unhappy with the leadership quality of their superiors. Examples are: “*bad leadership from officers*”, “*incompetence from seniors*”, “*lack of support from seniors*” and “*autocratic leadership styles*”.

- Organizational changes.

Special Forces went through several organizational changes in the early nineties. For some, this was perceived to be a negative experience. Some felt it was: “*political investigations*” and “*organizational changes*”.

- Leaving Special Forces.

There were some responses that indicated that leaving Special Forces was a very negative experience. One of the responses was: “*when resigning from Special Forces*”

- Injuries.

Some felt that being injured while executing their duties was negative to them. Some members still struggle with the impact of being injured either in operations or during training. One specific response was “*being shot in an operation*”.

5.4. INFERENCE STATISTICS

This study required comparing sets of data to determine if any relationship exists between variables. Non-parametric tests were used to determine possible relationships. The tests utilized were the Chi-square, Fisher's exact test, Spearman correlation coefficients and the t-test.

5.4.1. Chi-square

As indicated in Chapter 4 the Chi-square (χ^2) statistic is used to test for associations between variables. This technique is utilized when the researcher needs to determine the difference between obtained data and theoretical distributions (Smit, 1983). The Chi-square analysis was adopted in a descriptive statistical manner. This study attempted to determine the relationship between two separate variables (age of respondents and years in service of Special Forces) with both the OLQ and SWLS. First, the current ages of respondents were separated into two groups: one the median and above (high) and the other below the median (low). In the same manner, scores obtained in both the OLQ and SWLS were divided into two groups median and above and below the median. The age categories were then compared to the results from the OLQ and SWLS to determine if any significant relationships exist. Secondly, the time period of service rendered in Special Forces was also divided into two groups, median and above and below the median. These groups were correlated with the OLQ and SWLS to determine if any significant relationships exist between categories. The following results were found:

- The measurement between the SOC and age categories indicates that they are statistically unrelated ($p > 0.05$). The statistical results were $\chi^2 = 1.13$ ($df = 1$; $p = 0.287$).
- The measurement between the well-being and age categories indicates that they are statistically unrelated ($p > 0.05$). The statistical results were $\chi^2 = 1.13$ ($df = 1$; $p = 0.161$).

- The measurement between the SOC and time spent in Special Forces indicates that they are statistically unrelated ($p > 0.05$). The statistical results were $\chi^2 = 1.13$ ($df = 1$; $p = 0.723$).
- The only statistical significant relationship as indicated by the Chi-square was between well-being and years in service of Special Forces. The statistical results indicate that $\chi^2 = 6.47$ ($df = 1$; $p = 0.011$), where $p \leq 0.05$. Table 5.4 summarizes the results. It would seem according to the results that respondents in the median and above category (64.71%) for time spent in Special Forces present with below median well-being scores. The respondents in the below median category for time spent in Special Forces present with a median and above well-being score (80%).

Table 5.4. Well-being and time spent in Special Forces

		Below Average Time spent	Above Average Time spent	Total
Below Average Well-being	Frequency	3	11	14
	Column %	20.00	64.71	
Above Average Well-being	Frequency	12	6	18
	Column %	80.00	35.29	
Total		15	17	32
		46.88	53.13	

$p \leq 0.05$

5.4.2. Fisher's exact test

It was necessary to determine if any relationship exists between the total score of both OLQ and SWLS and the extent to which service in Special Forces contributed to current levels of functioning. Figure 5.3 indicates that all the respondents scored on the high side of the 5-point scale, ranging from *average* (2) to *fairly* (5) and *much* (25). These responses were divided into two groups: the *average* and *fairly* group in one and the

much group in the other. Fisher's exact test was used to determine if any significant relationship exists between the median and above group and the below median group (OLQ and SWLS) scores and the Special Forces contribution to current functioning.

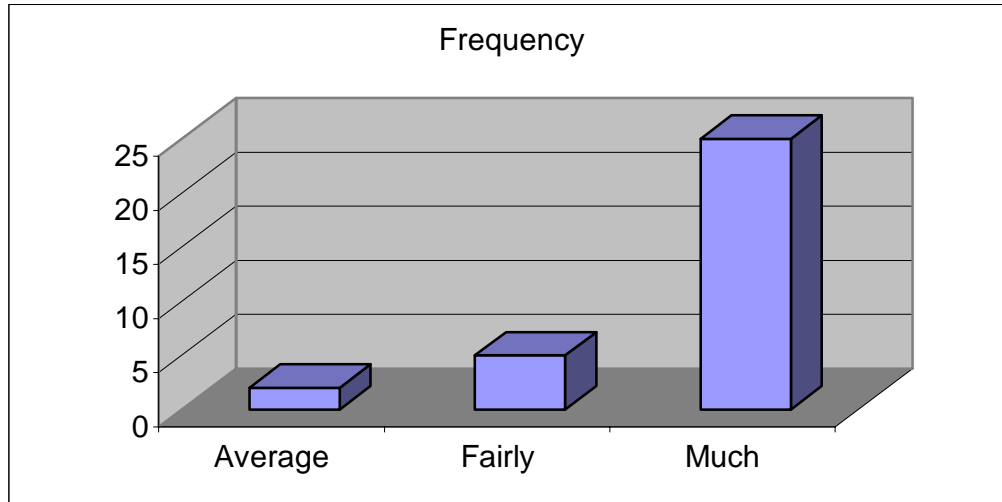


Figure 5.3. Distribution of perception in Special Forces

The frequencies were too low to utilize the Chi-square test and therefore Fisher's exact test was used. The following results were found:

- The measurement between SOC and Special Forces' contribution to current levels of functioning indicates that they are statistically unrelated ($p > 0.05$). The statistical results indicate that $p = 0.155$.
- The measurement between well-being and Special Forces' contribution to current levels of functioning indicates that they are statistically unrelated ($p > 0.05$). The statistical results indicate that $p = 0.091$.

5.4.3. Spearman correlation coefficient

The study needed to determine the correlation between the two different measuring instruments (OQL and SWLS). To gain any significant understanding regarding the

current functioning of the respondents the Spearman correlation coefficient was used. A strong relationship could indicate a significant level of welfare and functioning of the sample. Both measuring instruments (OLQ and SWLS) measure information on a ranked scale from 1 to 7. With ranked scores the Spearman correlation coefficient ρ is the most appropriate instrument to determine the relationship between variables.

Table 5.5. Spearman correlation coefficient for OLQ and SWLS.

	SOC (n=31)	SWLS (n=31)
SOC	1.00	0.55
Well-Being	0.55	1.00

Research indicates that for social science a correlation of 0.5 and higher would be significant for interpretation (Diekhof, 1992). The results indicate that SOC and well-being have a correlation of $\rho=0.55$, with $p>0.05$. This relationship can be viewed as significant. Therefore, respondents' mean scores of SOC (OLQ) and well-being (SWLS) indicate a significant relationship. It would seem that the sample functions adequately based on the correlation of both scales measuring well-being and SOC.

5.4.4. t-test

To gain a greater understanding of the statistical data collected, data should be compared to other studies with similar sample characteristics. The main concern is that the selected sample presented in this study is very unique and there are few if any other studies done on similar samples with the same measuring instruments. Therefore, the researcher will aim to compare his sample with other samples that have relatively similar characteristics.

A statistical comparison between different samples' mean scores and the research sample's mean score as obtained with both OLQ and SWLS was done. The statistical analysis that was used is the t-test. Table 5.6 indicates mean scores of the research sample as measured with the OLQ and SWLS. Table 5.7 indicates mean scores of several sample groups as measured with the OLQ and SWLS in different studies.

Table 5.6. Scores on the OLQ and SWLS

Number of respondents	Measure	Mean	Median	Standard Deviation	Highest value	Lowest value
31	OLQ	69.64	71.0	8.74	79.0	33.0
31	SWLS	29.54	31.0	5.10	35.0	13.0

Table 5.7. Mean scores of samples measured with OLQ and SWLS

Scales	Description of sample	N	Mean	SD
OLQ*	U.S. male V.A. 55+ (Antonovsky, 1993)	240	61.9	17.8
	South African Anglican Priests (Strümpfer & Bands, 1996)	106	63.1	9.48
SWLS	White South African men in the Vaal triangle (Wissing & Van Eeden, 2002)	298	24.14	6.52
	Middle aged (36-64) South Africans in the Vaal triangle (Wissing & Van Eeden, 2002)	149	23.69	6.57
	Older South African adults (65+) in the Vaal triangle (Wissing & Van Eeden, 2002)	34	24.62	7.03
	Black South Africans in different urbanization phases (Thekiso, 2000)	738	22.27	6.03

* OLQ -13 was used

The following results were found with regards to the OLQ:

- The comparison between the research sample and U.S. male VA 55+ indicates that they are statistically different ($p \leq 0.05$). The statistical results indicate that $t=4.93$ ($df=30$; $p=0.000$).
- The comparison between the research sample and South African Anglican priests indicates that they are statistically different ($p \leq 0.05$). The statistical results indicate that $t=4.17$ ($df=30$; $p=0.000$).

The following results were found with regards to the SWLS:

- The comparison between the research sample and White South African men in the Vaal triangle indicates that they are statistically different ($p \leq 0.05$). The statistical results indicate that $t=5.90$ ($df=30$; $p=0.000$).
- The comparison between the research sample and middle aged (36-64) South Africans in the Vaal triangle indicates that they are statistically different ($p \leq 0.05$). The statistical results indicate that $t=6.39$ ($df=30$; $p=0.000$).
- The comparison between the research sample and older South African adults (65+) in the Vaal triangle indicates that they are statistically different ($p \leq 0.05$). The statistical results indicate that $t=5.38$ ($df=30$; $p=0.000$).
- The comparison between the research sample and black South Africans in different urbanization phases indicates that they are statistically different ($p \leq 0.05$). The statistical results indicate that $t=7.94$ ($df=30$; $p=0.000$).

The statistics clearly present the fact that this research sample scores significant different on both OLQ and SWLS when compared to other samples. This research sample also presents with more stable sets of standard deviation on both OLQ and SWLS, suggesting more consistency between members of this research's sample than the other selected samples. Therefore, this research sample is perceived to be presenting with higher and more stable sets of SOC and well-being. However, it must be mentioned that it was difficult to find a sample that shares similar characteristics with the researcher's sample. The researcher's sample is a very unique group that has not been researched extensively before.

5.4.5. Discussion of measuring instruments (OLQ and SWLS)

The OLQ consists of a 13-item questionnaire where, each item's anchors are ranked from 1 to 7. The respondents are required to indicate the option that reflects their perception the most. The maximum score that could be obtained on the OLQ is 91. The average score on the OLQ was 69.64, which leans towards the above average side of the scale, where 91 are the maximum possible score.

The SWLS consists of a 7-point item questionnaire. Each item is ranked from 1 to 7. The respondents are required to indicate the option that reflects their perception the most. The maximum score that could be obtained on the SWLS is 35. The average score on the SWLS was 29.54, which leans towards the above average side of the scale, where 35 are the maximum possible score.

5.5. CONCLUSION

This chapter aimed to explain the data collected, both quantitative and qualitative, during the study. The data were presented in both descriptive and inferential statistics format for interpretive purposes. The results of the data will be discussed in the next chapter.

CHAPTER SIX

DISCUSSION OF RESULTS

6.1. INTRODUCTION

This chapter attempts to understand and interpret results that were presented in Chapter five. The distribution of frequencies is discussed and the statistical relationships between variables are addressed. The results obtained through descriptive- and inferential statistics are used to gain a greater understanding of the research question.

This study set out to investigate the relationship between experiences in Special Forces during the Angolan war and on soldiers' current levels of functioning (SOC and well-being). However, it should be emphasized that this study focuses on a very unique and selected sample. Some of the results obtained with the various measuring instruments were significant but remain limited.

6.2. DISCUSSION OF RESULTS

This study investigates soldiers who have served in Special Forces during the Angolan war. None of the respondents are currently serving members in the SANDF. The study sets out to determine how these soldiers have adapted in society and how they have found meaning of their experiences whilst serving in Special Forces. Two main concepts will be explored:

- What is the current level of well-being and SOC amongst ex-serving members.
- To what extent the respondent's experiences in Special Forces have on their current levels of functioning.

By being exposed to severe stress and trauma during the execution of Special Forces operations it could be expected that these soldiers would possibly struggle to adapt in society. Previous studies indicate that there exists a strong correlation between the intensity and type of combat experience and the development of psychological difficulties (Lindy, 1988). Increased exposure to combat seems to impact more negatively on combatants than those who have been exposed to less combat experiences. Similar findings were reached in this research; soldiers with extensive time in service of Special Forces scored lower on levels of well-being than those with less time in service as seen in Table 5.4.

Intensive combat exposure could influence inter-personal relationships negatively, leaving war veterans feeling isolated and alienated. Again, Laufer and Frey-Wouters (1988) emphasizes the fact that the effect of exposure to combat trauma on war veterans can have a decisive impact on the development of psychological problems. Seedat et al. (2003) have done studies on SANDF troops who have served in peacekeeping operations since 1994. Their results suggest that up to 26% of those participating in the study suffered from CSR or PTSD.

It is important to qualify and quantify the difference in war experiences between the different military units in the SANDF. The SANDF consists mainly of conventional forces (armoured regiments, artillery, infantry, mechanised infantry and the engineers) and unconventional forces (Special Forces and Airborne Forces). The unconventional forces are those who are more likely to be deployed first into the combat zone. Their deployment is normally self sustainable for an uncertain time period. Soldiers serving in these forces have been prepared for dealing with more harsh battle conditions than the conventional forces. When the SANDF assists in peacekeeping operations a combination of several conventional elements are deployed. One of the reasons is that it does not require specialised forces to deal with the situation.

If Seedat et al. (2003) found that a substantial percentage of conventional forces suffer from PTSD as a result of being deployed in a peacekeeping operations, how would they then present clinically if they had to be exposed to the deployment strategy of specialised forces? This question has no clear answer. There remain too many uncalculated variables that could influence the outcome. However, it still provides some thought about the type of individual who serves in unconventional forces.

Since its inception in the South African Defence Force, the public has always seen Special Forces soldiers as an anomaly. Certain media reports and books such as Jacques Pauw's (1997) "Into the Heart of Darkness" occasionally have referred to Special Forces soldiers as being ruthless killers that present with antisocial personality traits. Some reports even suggested that these soldiers could be a threat to society. Often these soldiers are feared by society based on the stigma attached to them.

This study attempts to provide a more adequate representation of elite soldiers and to their place in society today, disproving most of the negative perceptions society has of them. These soldiers are explored under the positive psychology paradigm. It would seem that most are integrated sufficiently and contribute to the wellness of society.

The research findings are discussed under different headings. Firstly, the respondents' current levels of well-being and SOC are examined and results are compared to the findings of other studies for interpretive purposes. This will provide the study with an indication of the sample's well-being and SOC levels if compared to other studies. Secondly, the study determined the qualitative and quantitative bearing that service in Special Forces has on their current levels of well-being and SOC.

6.3. LEVEL OF SOC AND WELL-BEING

The two concepts that were measured quantitatively were SOC and well-being. Both of these concepts were measured with instruments that are proven to be reliable and valid.

The instruments utilised were the OLQ that measured SOC and the SWLS that determined well-being.

6.3.1. Sense of coherence

The OLQ-13 was used to determine the sample's SOC. Results indicate that on average the sample scored high on the rating scale. Out of a possible maximum score of 91 the mean score of the sample was 69.64 (std. dev. 8.74), which leans towards a high SOC. Therefore, results indicate that the sample presents with a strong SOC.

It is not statistically substantiated but it is commonly known that some types of life experience enhance the possibility to qualify as a Special Forces operator. Antonovsky (1987) suggests that a person's SOC is established as either strong or weak in his early adulthood and some time during young adulthood it stabilizes. SOC develops from birth to approximately the age of 30, after which it remains fairly stable (Strümpfer, Gouws & Viviers, 1998). The mean age of candidates qualifying as operators in this sample was 22.4 years. This suggests that most of the respondents have had some type of life experience before qualifying as operators. A possible explanation for this could be that these soldiers have had more time to establish a stronger SOC than those who have attempted the selection and training directly after school. The possibility remains that a candidate who presents with a strong SOC before embarking on the selection will be more likely to succeed than those with a weaker SOC. On average the sample scored high on the OLQ suggesting to a strong SOC. It would seem that the exposure to severe combat stress does not necessary enhance SOC as shown by the results of this research, but it does suggest that it does not necessary diminish SOC either.

6.3.1.1. General resistance resources

Antonovsky (1979) formulated what became known as general resistance resources (GRRs), which refer to the capacity and characteristics of a person that facilitate stress management. In other words, it refers to those characteristics needed to cope with the

severe stressors inflicted by combat exposure. Antonovsky (1979) divided GRRs into eight sub categories: physical, biochemical, artifactual-material, cognitive, emotional, valuative-attitudinal, interpersonal-relational and macrosocioculture. With results found in the biographical section of the questionnaire one could clearly start to identify several GRRs amongst respondents.

Most of the respondents still adhere to a strong physical regime; even with an average age of 49.37 they are still perceived as physically fit, possibly suggesting the presence of the physical GRR. This study acknowledges the biochemical contribution but it is not within the scope of this research to address its contribution. Artifactual-material refers to the impact finances have on the ability to deal with life stressors, 71.88 % of respondents are currently still employed, 18.75 % are unemployed due to own choice and only 9.38 % are unemployed due to circumstances beyond their control. Even though the statistics are not conclusive to the quality of financial security, it still provides some idea of respondents' capacity to generate income.

Results reflecting the educational status indicate that 78.13 % of respondents completed their schooling successfully and 15.63 % had completed a tertiary qualification. Most of the courses required to complete the training cycle and to advance in a specialized direction are cognitively challenging, therefore one can assume that at least an average cognitive capacity is required to successfully complete courses. Therefore, it can be assumed that respondents present with an average to above average intelligence, based on their cognitive functioning in Special Forces. The cognitive and emotional GRRs could contribute towards a strong SOC.

Respondents' valuative-attitudinal characteristics include coping styles or strategies. Their rigorous training also provided them with a sense of security, and physical, cognitive and emotional abilities to deal with the stress. Respondents also indicated that the development of new skills was a positive experience for them. When asked if they have ever been diagnosed with a psychological problem all of the respondents indicated "none". It can be argued that all of the respondents have developed adequate coping

strategies that allowed them to overcome the stressors they had been exposed in operations.

The interpersonal-relational GRR refers to the type of social support system a person is involved in. Most of the respondents are currently married (87.1 %), followed by those who are divorced and are currently in a relationship (9.68 %). Only one respondent (3.23 %) is currently divorced and not in any relationship. It would seem that most of the respondents do have some social support. However, there were concerns with regards to the question in the questionnaire that required respondents to indicate their marital status during service in Special Forces that could impact on this assumption. This is discussed in more detail in Chapter 7.

Finally, macrosociocultural GRR relies on the influence culture has on the development of individuals. It includes religious beliefs, social rituals and traditions and all of them play a part in the ability to develop this GRR. The answers provided in the open-ended segment of the questionnaire provide some insight into the impact serving with others in Special Forces had on respondents. Some responses clearly indicated the value comradeship, brotherhood and traditions had for respondents.

The concept of resistance resources led to the core construct of SOC (Strümpfer, 2005), Therefore, Antonovsky (1987) felt that GRRs assists individuals in developing their SOC. Based on what Antonovsky identifies and explains as GRRs, the sample presents with several GRRs, allowing for the development of a strong SOC.

6.3.1.2. Between group comparisons

The study examined a sample of 32 respondents. The sample was selected from members who have served in Special Forces during the Angolan war. None of the respondents are currently serving members of the SANDF. Other researchers have had some opportunity to conduct studies on the South African Special Forces but this was done on current serving members and mainly on their selection course (Meiring, 1995).

No other study has had the opportunity to study these soldiers after they had served in the Angolan war. Therefore, it remains an enormous opportunity but it provides some challenges. Due to the uniqueness of this study it becomes very difficult to compare results with other studies in order to draw conclusions.

To gain some insight into the results it was necessary to compare the mean results of the respondents to other groups. The t-test was used to determine the sample's mean to other samples with regards to OLQ and SWLS. Results suggest that the researcher's sample scored significant higher and more stable than other samples. This again emphasizes the fact that Special Forces operators who have served in the Angolan war presents with strong SOC and high levels of well-being.

6.3.2. Well-being

Well-being was measured with SWLS. This instrument has proven itself as being reliable and valid. As indicated in chapter three, subjective well-being is determined by eudaimonic and hedonic well-being.

6.3.2.1. Eudaimonic well-being

It is a theory that influences people to live life in accordance with their true self (daimon). The Satisfaction With Life Scale is a good measurement to determine one's eudaimonic well-being. The sample scored an average of 29.54 (std. dev. 5.10) out of a possible maximum of 35 on the SWLS. The results reflect that the sample has scored above average on the SWLS. This suggests a high level of eudaimonic well-being. On a qualitative level, some respondents did suggest that their time spent in Special Forces provided them with several positive intra-personal experiences such as: "*develop trust in themselves*", "*learn the value of life*", "*self-pride*" and "*servng in one of the most elite units in the world*". It would seem that respondents still value these sentiments even though they have ended their active service in Special Forces. Therefore, the members of the sample would appear to be living in accordance with their true self.

6.3.2.2. Hedonic well-being

Hedonic happiness may be experienced when pleasant affect accompanies the satisfaction of needs, physical, cognitive or social. Hedonic happiness can be achieved without the influence of eudaimonia. The eudaimonic well-being sub category was measured with the OLQ. The OLQ also reflects the individual's eudaimonic well-being as was done by Wissing and Van Eeden (2002) in a study on a South African population. The results produced from the OLQ did indicate a strong SOC with an average of 69.64. On a qualitative level, respondents did provide more positive (158) than negative (109) experiences and some even suggest that there was nothing negative about their time spent in Special Forces. Therefore, one can conclude that the sample presents with high levels of hedonic well-being.

The results from both measuring instruments that measured subjective well-being clearly indicate that the sample on average presents with high levels of eudaimonic and hedonic well-being. Therefore, respondent's level of well-being can be considered to be high based on results. However, it would seem that time spent in service of Special Forces does influence levels of well-being. Respondents who have served for longer than 16 years have scored lower on the SWLS than those who have served less than 16 years. Several factors could contribute to the result but if Lindy's (1988) finding is taken into consideration, that a strong correlation exists between intensity and type of combat experiences and the development of psychological difficulties, one can assume that respondents with more than 16 years of service have been more exposed to operational duties than those with less than 16 years of service, which could impact on levels of well-being. According to respondent's negative experience feedback, the group that has spent more time in Special Forces were longer exposed to themes such as dealing with loss (colleagues killed in action, dealing with divorce and families breaking up).

6.3.3. Integrating results

The first aim of this study was to determine the levels of former Special Forces soldiers' well-being and SOC. Results discussed in sections 6.3.1 and 6.3.3 provides sufficient evidence that the sample on average presents with a strong SOC and high levels of well-being. The results are conclusive if interpreted separately. However, it still does not provide conclusive evidence of the research group's holistic perception of current levels of function.

The research set out to determine the possible correlation between several variables in order to gain evidence of the sample's holistic view of mental health. First, correlations between respondents' age and both well-being and SOC were determined. The results do not indicate sufficient correlations between these variables. Secondly, the Spearman correlation coefficient was used to determine the correlation between the two separate instruments that measured components of mental health. Results reflect a strong correlation ($\rho = 0.55$, $p < 0.05$) between OLQ and SWLS.

Even though no clear correlation exists between age and SOC and well-being, one can still conclude that Special Forces soldiers who have served during the Angolan war on average do present with a strong SOC and high levels of well-being and that they function adequately in society today. The sample's average scores on both OLQ and SWLS are higher than any other sample that it was compared with in the present study.

6.4. SERVICE RENDERED IN SPECIAL FORCES

The second aim of the study is to determine to what extent service in Special Forces has contributed towards current levels of SOC and well-being. The results gained from the study, clearly reflect the contention that the sample currently presents with strong SOC and high levels of well-being. To address the second question the study did set out to determine how experiences in Special Forces contribute to an already high level of well-being and SOC.

Several questions in the questionnaire set aimed to determine the respondent's perception of their time spent in Special Forces. Respondents were requested to indicate five of their most positive experiences in Special Forces and to rate these experiences on a 5-point Likert scale. Respondents were also requested to indicate five of their most negative experiences and to rate each on a 5-point Likert scale.

6.4.1. The nature of experiences

Results suggest that respondents have more positive experiences than negative ones. The total positive experiences recorded were 158 against 109 negative responses. Few respondents could complete more than three most negative experiences from a total of five that was required. Some of the respondents indicated that there was nothing negative about serving in Special Forces. In order, from most to least positive experience recorded, were intra-personal factors (38), camaraderie/esprit de corps (28), training (28), participation in operations (27) adventure (20), and lastly the development of skills (17).

Antonovsky (1987) introduced three factors that SOC consists of, manageability, comprehensibility and meaningfulness. The intra-personal category suggests that respondents have found personal meaning from their experiences and it allowed them to integrate it meaningfully. Meaningfulness indicates one's ability to make sense of life emotionally. It is the ability to view difficulties as challenges rather than as burdens. People high on meaningfulness, when confronted with the demands placed on them by life, will face them and will be able to find meaning in them. Some respondents suggest that being an operator allowed them to learn the value of life, increased self-pride, developed trust in self and in others and developed their will to survive.

Respondents could make sense of their war experiences, as they believed it contributed to the safety of others (in defence of the government). Some felt that doing what they did saved other soldiers' and innocent civilians' lives. Comprehensibility is another fundamental ingredient needed for the development of a strong SOC. It refers to the ability to make cognitive sense from stimuli that originates either from internal or

external environments. Cognitive sense indicates how information is consistently ordered, structured and clear rather than disorganised and chaotic. Therefore, a person high on comprehensibility will be able to predict and react to future stimuli with more confidence.

The second most positive experience recorded was that of camaraderie or esprit de corps. Special Forces soldiers often experience a strong sense of brotherhood. The strong sense of brotherhood is further developed with the establishment of the Special Forces League, where former serving members meet socially once a month. During these social interactions members re-establish their bond with each other and if needs exist, others will provide resources to assist those in need. This coincides with the third concept that makes up SOC, which is manageability. Manageability indicates one's awareness of the availability of resources that can assist one in meeting the demands of stimuli. The availability of resources focuses on those under one's control and those that are under others' control such as spouses, friends and colleagues. The absence of this component could emphasize the feeling of being treated unfairly or being a victim of events. As some respondents indicated that leadership styles were a negative experience for them, one may thus query whether they presented with a certain absence of manageability. However, when considering the Special Forces context where soldiers are selected to function individually or at most in a small team, negative experience of leadership styles may instead be due to such soldiers' strong sense of individuality and therein their need for independent functioning and use of their own initiative. With such a profile for these elite soldiers one may expect, in their reflection of a completed operation as well as in the day-to-day functioning on unit level, that differences of opinion could arise with regard to the manner in which leadership decisions are made and executed.

It is not just positive experiences as mentioned above that contribute to developing a strong SOC. The negative experiences referred to by respondents made a significant contribution to the development of SOC. Antonovsky (1987) emphasized that to develop a strong sense of coherence one's experiences should not be too predictable but also frustrating so as to create rewards. Respondents expressed a sense of satisfaction and

achievement in the manner in which they dealt with adversity as all of the respondents did indicate that their time in Special Forces did impact positively on their lives. The manner in which SOC developed is the result of how respondents dealt with unpredictable and frustrating events during their service. Overcoming these frustrations left them with a strong feeling of satisfaction, which acts as a reward for their ability to overcome these challenges.

6.4.2. Perception of experience in Special Forces

The study aimed at determining the respondents' perception of their experience in Special Forces during the Angolan war. The respondents were asked to indicate on a 5-point Likert scale, if they think time spent in Special Forces has contributed towards their current level of functioning. Respondents had to select one of five possible options. The options available for selection were "*little*", "*somewhat*", "*average*," "*fairly*" and "*much*". Respondents were asked more directly if they thought that their time in Special Forces had impacted either positively or negatively on their lives.

Out of the five possible categories no one indicated that his time spent in Special Forces had "*little*" or "*somewhat*" effect on his current level of functioning. All of the respondents felt that their service in Special Forces contributed significantly towards their current level of functioning. Therefore, if taken into consideration that level of functioning has already been indicated as being high on both well-being and SOC, respondents felt that their time spent in Special Forces did contribute significantly towards their levels of functioning.

By means of statistical analysis an attempt was made to determine if a relationship exists between SOC and well-being and the respondents' perception of their experience/service in Special Forces. The categories, which determine the respondents' perception if they think service in Special Forces contributed to their current levels of functioning, were then divided into two separate groups the "*average*" and "*fairly*" group and the "*much*"

group. Because the scores lean towards one side of the Likert scale it was difficult to divide the categories evenly for statistical analysis.

Fisher's exact test was used to determine if any relationship exists. Statistically no clear relation between the groups and SOC and well-being could be found. But, it should be taken into consideration that out of a possible 32 responses the "*much*" category received 25 scores. Clearly it indicates that most of the respondents felt that their time in Special Forces did contribute towards current levels of well-being and SOC. Qualitatively one can conclude that all respondents felt that their time spent in Special Forces had a positive influence on their lives and did contribute towards their current level of functioning.

6.5. SUMMARY

This chapter integrated the data that was collected into a meaningful understanding of the research question. It clearly indicates that Special Forces soldiers who have served in the Angolan war felt that their time spent in Special Forces did assist them with their current level of well-being and SOC. These soldiers entered Special Forces at a young age and have spent most of their young adult life in service of Special Forces. Literature shows that SOC develops from birth to approximately 30 years of age. The respondents have spent 16 years on average in Special Forces. Respondent's experiences in Special Forces undoubtedly, as indicated by results and literature, have contributed towards their strong SOC and high level of well-being. If the sample is an accurate representation of Special Forces soldiers one can assume that service in Special Forces has a positive bearing on soldiers.

CHAPTER SEVEN

CONCLUSIONS AND RECOMMENDATIONS

7.1. INTRODUCTION

The results as discussed in chapter 6 will be formulated into conclusions in this chapter. This is followed by a discussion on recommendations and shortcomings that were experienced during the study. Finally, suggestions will be made for future studies on the same research group and topics.

7.2. DISCUSSION OF CONCLUSIONS

This chapter attempts to understand the data collected from the research. Information gathered from the literature suggests the following:

- Soldiers have to face their fear of annihilation and death in combat, which is pervasive and intense. Noy (1991) indicates that the normal everyday death anxiety is either rationally or irrationally dealt with but becomes especially more difficult to deal with when in combat.
- Combat stress reaction develops a few hours or days after intense combat and combat fatigue develops several days after continuous exposure to a combat environment (Kellet, 1982).
- The stress of combat is notoriously traumatic, individuals exposed to the imminent threat of death and injury, witness the harm to friends and enemy or who participated in killing often fall prey to immediate and/or long-term psychological disorders (Neria & Koenen, 2002).

- The instances and severity of post-traumatic stress disorder is strongly related to the intensity and duration of combat exposure (Lindy, 1988).
- Soldiers reach possible breaking point between 200 and 240 days of continued combat exposure (Binneveld, 1997).
- It is commonly known that Special Forces soldiers are exposed to adverse conditions; conditions such as long marches, extreme weather conditions, limited food and water supplies and sleep deprivation and severe combat experiences for uncertain periods of time (Greef, 2001).

If the above information is taken into consideration one could assume that Special Forces soldiers should be more susceptible to develop CSR and ultimately PTSD. Several studies suggest a strong correlation between severe combat exposure and psychological distress. Many soldiers returning from active service during war struggle to adapt in society. Some of the difficulties experienced are:

- Solomon (1993) indicates that Vietnam combat veterans reported more problems in intimacy and stronger feelings of detachment from others than non-combatant veterans. Therefore, war-induced psychopathologies have a great bearing on social adjustment difficulties and the greater the pathology the greater the inadequate adjustment to civilian life.
- It was during post-battle reminiscences that soldiers are confronted with feelings of retribution, remorse and at times survivor's guilt (Bourke, 1999). Hendin and Pollinger-Haas (1984) found that guilt over wartime conduct is a key factor in the development of PTSD. Symptoms include behavioural traits such as anger and hostility, depression and substance abuse.
- In most PTSD cases men are more easily detached and removed emotionally from their families, others withdraw physically by staying at work for longer than

necessary or leave for extended “trips” by themselves, or just disappear for some time without explanation (Solomon, 1993).

- Difficulty in dealing with their anxiety induced by PTSD, often leaves veterans feeling alienated (Solomon, 1993).

This study set out to determine the quality of well-being and SOC of Special Forces soldiers who have served in the SADF during the Angolan war. Results indicate a different picture to what literature suggests. The following conclusions can be formulated from the sample:

- The sample represents Special Forces operators that served in the SADF during the Angolan war.
- The sample on average scored high on both instruments measuring SOC and well-being. Therefore, the sample currently possesses a strong SOC and high levels of well-being.
- The current age of respondents in this study had no bearing on their current levels of SOC and well-being.
- Statistically, it seems that the time spent in Special Forces has no significant impact on enhancing or diminishing SOC. However, it would seem that time spent in Special Forces has had some bearing on current levels of well-being.
- Statistically, no correlation exists between SOC, well-being and current levels of functioning. However, quantitatively and qualitatively respondents did indicate that a strong feeling exists that their service in Special Forces has assisted them in their current levels of functioning in civilian life. Respondents indicated that their current status of well-being is strongly influenced by their experiences in Special Forces.

- There is an absence of any psychological problems amongst the respondents. However, one should not disregard the possibility that there might be respondents who present with pathologies but they decided not to mention it.

The respondents indicate that the quality of their experiences in Special Forces contributed towards their current level of well-being and SOC. The nature of their positive experiences includes their training, participation in operations, adventure and lastly the development of skills. The manner in which these soldiers were prepared for combat contributed to the development of camaraderie, esprit de corps and intra-psychic dimensions such as confidence, self-discipline, trust in one-self and in others as well as equipment. It would seem that these factors enable individuals to deal with the operational demands placed on them.

7.2.1. The significance of the findings

The process to qualifying as a Special Forces operator has not changed much over time. Selection requirements still remain very challenging. The training cycle is still presented more or less in the same manner as that in which soldiers were trained during the Angolan war. The slight changes that did occur in the training department relate to the introduction of advance technology to keep in pace with world trends.

It can therefore be assumed that soldiers who currently qualify as Special Forces operators present with similar qualities as their predecessors. Even though changes did occur in operational deployments from the Angolan war till today, it could still be argued that the operational requirements today are still demanding and severe. Therefore, it could be argued that current Special Forces soldiers should adapt adequately to civilian society if and when they decide to leave the SANDF. Time and type of service in Special Forces should not have too much bearing on the level of well-being and SOC after service. Most of the soldiers who join Special Forces do fall within the age range when SOC stabilizes. The training philosophy combined with the operational experiences, as with the sample, help to ensure the maintenance of a strong SOC and well-being. It can

be suggested that current Special Forces operators are likely to be able to live a meaningful existence after their service in Special Forces.

The positive feedback in the questionnaire suggests that if soldiers are well trained, deployed operationally frequently, apply their learned skills amongst their fellow soldiers and harbour a sense of adventure they will be able to enhance the positive impact that Special Forces has on an individual. This positive impact will assist operators to be able to cope with the demands placed on them, and minimize the effect of combat trauma and the development of CSR.

7.3. RECOMMENDATIONS

Recommendations regarding this study are as follows:

- The question in the questionnaire that determines the marriage status of respondents during their service in Special Forces should be revised. It failed to elicit the information it was supposed to do. Several respondents indicated more than one option. Some married and got divorced during their time in Special Forces; others were single and then got married. It was difficult to determine the most significant response.
- Results warrant further investigation with a larger sample. The small sample allows for the possibility that other unknown variables could impact on the quality of the results.
- If the measuring instrument that determines the candidates level of well-being and SOC can be introduced just after the completion of the selection phase and again just before operators leaves the SANDF, one could allow for more accurate information regarding the impact that time in Special Forces would have on operators before exiting from service.

- The findings of this study could be used as a comparison measurement with other Special Forces groupings to determine the nature of well-being and SOC.
- A scale to determine the influence combat exposure had on a soldier could be introduced. The possible scale that could be used is the Combat Exposure Scale by Keane, Fairbank, Caddell, Zimmering, Taylor and Mora (Fischer & Corcoran, 1994).
- Even though some respondents did indicate that they were wounded during battle none of the respondents were disabled (the researcher had no control over the selection of respondents). The impact of being physical disabled during war is therefore not included in this research. It will provide greater insight into the current level of well-being and how it has impact on the individual's perception of his service rendered in Special Forces if he were severely disabled in the execution of his duty as a Special Forces operator.

7.4. CONCLUSION

This study ventured into a field that has never been researched before. The little research available on the South African Special Forces mainly focuses on the selection requirements of candidates. No other study has attempted to investigate Special Forces soldiers who rendered services in the Angolan war.

Therefore, little is known about other variables that could influence the results of this study, such as personality types and the nature of experiences before joining Special Forces. Be that as it may, this study provides some insight into these elite soldiers' current level of functioning and the extent of their perception of time spent in Special Forces as a contributing factor to them functioning in society today.

REFERENCE LIST

Aldwin, C.M., Levenson, M.R. & Spiro III, A. (1994). Vulnerability and Resilience to Combat Exposure: Can Stress have Lifelong Effects. *Psychology and Ageing*, **9**(1), 34-44.

Antonovsky, A. (1979). *Health, Stress, and Coping*. California: Jossey-Bass Inc. Publishers.

Antonovsky, A. (1987). *Unravelling the Mystery of Health*. California: Jossey-Bass Inc. Publishers.

Antonovsky, A. (1993). The Structure and Properties of the Sense of Coherence Scale. *Social Science and Medicine*, **36**(6), 725-733.

Barlow, D.H. & Durand, V.M. (2005). *Abnormal Psychology an Integrative Approach 4th edition*. California: Thomson Wadsworth.

Belensky, G. (1987). *Contemporary Studies in Combat Psychiatry*. London: Greenwood Press.

Belensky, G., Noy, S. & Solomon, Z. (1987). Battle Stress, Moral, Cohesion, Combat Effectiveness, Heroism and Psychiatric Casualties: The Israeli Experience. In G. Belensky, *Contemporary Studies in Combat Psychiatry* (pp.11-19). London: Greenwood Press.

Binneveld, H. (1997). *From Shellshock to Combat Stress*. Amsterdam: Amsterdam University.

Bless, C. & Kathuria, R. (1993). *Fundamentals of Social Statistics: An African Perspective*. Cape Town: Juta.

Bourke, J. (1999). *An Intimate History of Killing: Face-to-Face Killing in Twentieth Century Warfare*. London: Granta Books.

Bowman, M.L. (1997). *Individual Differences in Posttraumatic Response: Problems with the adversity-distress connection*. New Jersey: Lawrence Erlbaum Associates.

Breakwell, M.G., Hammond, S. & Fife-Schaw, C. (1998). *Research Methods in Psychology*. London: SAGE Publications Ltd.

Breytenbach, J. (1990). *They Lived by the Sword*. Pretoria: Lemur Books.

Clavell, J. (1981). *The Art of War: Sun Tzu*. London: Hodder & Stoughton.

Cohen, J. (2005). *Freud*. London: Granta Books.

Cowley, S. & Billings, J.R. (1999). Resources revisited: Salutogenesis from a lay perspective. *Journal of Advanced Nursing*, **29**(4), 994-1004.

Csikszentmihalyi, M. (1975). *Beyond Boredom and Anxiety*. San Francisco: Jossey-Bass.

Diekhof, G. (1992). *Statistics for the Social Behavioral Science: Univariate, Bivariate, Multivariate*. Dubuque: Wm. C. Brown Publishers.

Diener, E., Emmons, R.A., Larsen, R. J. & Griffen, S. (1985). The Satisfaction With Life Scale. *Journal of Personality Assessment*, **49**(1), 71-75.

Diener, E., Suh, E.M., Lucas, R.E. & Smith, H. (1999). Subjective Well-Being: Three Decades of Progress. *Psychological Bulletin*, **125**(2), 276-302.

Downs, F. (1988). Wounded. *NAM: The Vietnam Experience 1965-1975*, **22**, 4-19.

Elder, G.H. (1986). Military lives and turning points in men's lives. *Developmental Psychology*, **22**, 233-245.

Els, P. (2000). *We Fear Naught but God*. Johannesburg: Covos-Day Books of Oak Tree House.

Fisher, J. & Corcoran, K. (1994). *Measures for Clinical Practice: A Source Book*. New York: The Free Press.

Freud, S. (1986). *The Essentials of Psycho-analysis: The Definitive Collection of Sigmund Freud's Writing*. London: Vintage.

Fukuyama, F. (1992). *The End of History and the Last Man*. London: Penguin Books.

Glad, B. (1990). *Psychological Dimensions of War*. California: Sage Publications Inc.

Greef, J. (2001). *A Greater Share of Honour*. Ellisras: Ntomeni Publishers.

Hamann, H. (2001). *Days of the Generals: The untold story of South Africa's apartheid-era military generals*. Cape town: Zebra Press.

Hendin, H. & Pollinger-Haas, A. (1984). *Wounds of war: A psychological aftermath of combat in Vietnam*. New York: Basic Books.

Hollingdale, R.J. (1965). *Nietzsche: The Man and His Philosophy*. Tennessee: Kingsport press.

Holmes, J. (1993). *John Bowlby & Attachment Theory*. New York: Routledge.

Holmes, R. (2003). *Acts of War*. London: Weidenfeld & Nicolson.

Horsfall, R. (2002). *Fighting Scared*. London: Cassell.

Jonsson, A., Segesten, K. & Mattsson, B. (2003). Post-traumatic stress among Swedish ambulance personnel. *Emergency Medical Journal*, **20**, 79-84.

Joseph, S., Williams, R. & Yule, W. (1997). *Understanding Post-Traumatic Stress*. London: John Wiley & Sons.

Kahana, B., Harel, Z. & Kahana, E. (1988). Predictors of Psychological Well-Being among Survivors of the Holocaust. In J.P. Wilson, Z. Harel & B. Kahana, *Human Adaptation to Extreme Stress: From the Holocaust to Vietnam* (pp. 67-79). New York: Plenum Press.

Kaufmann, W. (1976). *The Portable Nietzsche*. New York: Penguin Books.

Keegan, J. & Knightley, P. (1999). *The Eye of War*. London: Weidenfeldt & Nicolson.

Kellet, A. (1982). *Combat Motivation: The behaviour of soldiers in battle*. Boston: Kluver Nijhoff Publishing.

Kelly, W.E. (1985). *Post-Traumatic Stress Disorder and the War Veteran Patient*. New York: Brunner/Mazel Inc.

Laufer, R.S. & Frey-Wouters, E. (1988). *Legacy of War: The American soldier in Vietnam*. New York: M.E. Sharp.

Lindy, J.D. (1988). *Vietnam: A Casebook*. New York: Brunner/Mazel Publishers.

Linley, P.A. (2003). Positive Adaptation to Trauma: Wisdom as Both Process and Outcome. *Journal of Traumatic Stress*, **16**(6), 601-610.

Lyberg, L., Biemer, P., Collins, M., De Leeuw, E., Dippo, C., Schwarz, N. & Trewin, D. (1997). *Survey Measurement and Process Quality*. New York: John Wiley & Sons Inc.

Lyubomirsky, S. (2001). Why are some people happier than others? *American Psychologist*, **56**(3), 239-249.

Maddi, S.R. (1996). *Personality Theories*. California: Brooks/Cole publishing Company.

Matson, W.I. (1987). *A new history of Philosophy: Ancient and Medieval*. New York: Harcourt Brace Jovanovich Publishers.

Mcrae-Bergeron, C.E. (1999). Medical readiness model of health assessment. *Military Medicine*, **164**(6), 379-388.

Meiring, M. (1995). *Clinical Predictors in the Selection of Candidates for Special Forces*. Unpublished Master Thesis. Pretoria: University of Pretoria.

Milgram, N.A. (1994). Ideological Bias. *Journal of Traumatic Stress*, **7**(3), 467-472.

Moorcroft, J.J. (2003). The South Africans: D Squadron. In J. Pittaway & C. Fourie, *SAS Rhodesia* (pp. 251-256). Durban: Dandy Agencies Pty.

Moser, C.A. & Kalton, C. (1975). *Survey Methods in Social Investigation*. London: Heinemann Educational Books.

Moskos, C.C. (1975). The American Combat soldier in Vietnam. *Journal of Social Issues*, **31**(4), 25-35.

Neillands, R. (1997). *In the Combat Zone: Special Forces since 1945*. London: Orion.

Neria, Y. & Koenen, K.C. (2003). Do Combat Stress and Posttraumatic Stress Disorder Relate to Physical Health and Adverse Health Practices? An 18-Year Follow-Up of Israeli War Veterans. *Anxiety, Stress and Coping*, **16**(2), 227-239.

Neuman, W.L. (1997). *Social Research Methods: Qualitative and Quantitative Approaches*. Needham Heights: Allyn & Bacon.

Noy, S. (1987). Combat Psychiatry: The American and Israeli experience. In G. Belensky, *Contemporary Studies in Combat Psychiatry* (pp. 69-86). London: Greenwood Press.

Noy, S. (1987). Stress and Personality as Factors in the Causation and Prognosis of Combat Reaction. In G. Belensky, *Contemporary Studies in Combat Psychiatry* (pp. 87-97). London: Greenwood Press.

Noy, S. (1991). Combat Stress Reaction. In R. Gal & A.D. Mangelsdorff, *Handbook of Military Psychiatry* (pp. 507-530). Oxford: John Wiley & Sons.

Oelofse, E. (1996). *The Nomological Network of Sense of Coherence: The Role of general, Social and Collective Self-Concept*. Unpublished Master Thesis. Pretoria: University of Pretoria.

Pauw, J. (1997). *Into the Heart of Darkness*. Johannesburg: Jonathan Ball Publishers.

Power, D.J. (1991). *Military Psychiatry Including Terrorism*. Chichester: Barry Rose Law Publishers.

Ramsey, J. (1996). *SAS: The Soldiers' Story*. London: Macmillan.

Richardson, F.M. (1978). *Fighting Spirit*. London: The Trinity Press.

Roberts, J.M. (1976). *The Hutchinson History of the world*. Johannesburg: Hutchinson Group.

Rosnow, R.L. & Rosenthal, R. (1996). *Beginning Behavioural Research*. New Jersey: Prentice-Hall Inc.

Ryff, D.L. & Keyes, C.L.M. (1995). The Structure of Psychological Well-Being Revisited. *Journal of Personality and Social Psychology*, **69**(4), 719-727.

Sadock, B.J. & Sadock, V.A. (2003). *Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry*. Philadelphia: Lippincott Williams & Wilkins.

Sarantakos, S. (1993). *Social Research*. Melbourne: MacMillan Education.

Seedat, S., Le Roux, C. & Stein, D.J. (2003). Prevalence and Characteristics of Trauma and Post-Traumatic Stress Symptoms in Operational Members of the South African National Defence Force. *Military Medicine*, **168**(1), 71-75.

Seligman, M.E.P. & Csikszentmihalyi, M. (2000). Positive Psychology: An introduction. *American Psychologist*, **55**, 5-14.

Shepard, B. (2000). *A War of Nerves*. London: Jonathan Cape.

Smit, G.J. (1983). *Navorsingsmetodes in die gedragswetenskappe*. Pretoria: Haum.

Snyder, C.R. & Lopez, S.J. (2002). *Handbook of Positive Psychology*. New York: Oxford Printing Press.

Solomon, Z. (1993). *Combat Stress Reaction: The enduring Toll of War*. London: Plenum Press.

Solomon, Z., Mikulincer, M. & Benbenishty, R. (1989). Combat Stress Reaction-Clinical Manifestations and Correlations. *Military Psychology*, **1**(1), 35-47.

Stace, W.T. (1955). *The Philosophy of Hegel*. New York: Dover Publications.

Stiff, P. (1999). *The silent war*. Alberton: Galago.

Strümpfer, D.J.W. (1995). The origins of health and strength: from “salutogenic” to “fortigenesis”. *South African Journal of Psychology*, **25** (2), 81-89.

Strümpfer, D.J.W. (2005). Standing on the shoulders of giants: Notes on early positive psychology (psychofortology). *South African Journal of Psychology*, **35** (1), 21-45.

Strümpfer, D.J.W. & Bands, J. (1996). Stress amongst clergy: An exploratory study on South African Anglican priest. *South African Journal of Psychology*, **26**(2), 67-75.

Strümpfer, D.J.W., Gouws, J.F. & Viviers, M.R. (1998). Antonovsky's Sense of Coherence Scale Related to Positive and Negative Affectivity. *European Journal of Personality*, **12**, 457-480.

Sue, D., Sue, D. & Sue, S. (1994). *Understanding Abnormal Behavior*. Boston: Houghton Mifflin Company.

Symington, J. & Symington, N. (1996). *The Clinical Thinking of Wilfred Bion*. London: Brunner-Routledge.

Terre Blanche, M. & Durrheim, K. (1999). *Research in Practice: Applied Methods for the Social Sciences*. Cape Town: UCT Press.

Thekiso, A.T. (2000). *Perceptual Difference Between Managers and Subordinates Regarding Leadership Styles*. Unpublished Masters Thesis. Bloemfontein: University of the Free State.

Waterman, A.S. (1993). Two Conceptions of Happiness: Contrasts of Personal Expressiveness (Eudaimonia) and Hedonic Enjoyment. *Journal of Personality and Social Psychology*, **64**(4), 678-691.

Weber, R.P. (1990). *Basic Content analysis*. London: SAGE.

Wimmer, R.D. & Dominick, J.R. (1987). *Mass Media Research*. California: Wadsworth Inc.

White, T. (1992). *Swords of Lightning: Special Forces and the Changing Face of Warfare*. London: Brassey's.

Wilson, J.P., Harel, Z. & Kahana, B. (1988). *Human adaptation to Extreme Stress: From the Holocaust to Vietnam*. New York: Plenum Press.

Wissing, M.P. & Van Eeden, C. (2002). Empirical clarification of the nature of psychological well-being. *South African Journal of Psychology*, **32**(1), 32-44.

Wolman, B.B. (1973). *Dictionary of Behavioural Science*. New York: Van Nostrand Reinhold.

Wright, D.B. (1997). *Understanding Statistics*. London: SAGE Publications.

SPECIAL FORCES QUESTIONNAIRE

Instruction: Complete the questionnaire through either typing in the appropriate block where needed or by marking with an X where indicated in the appropriate block/space.
Respondent number (**office use only**)

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1-3

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<p>8. Age when qualified as an Operator?</p>	<p>V11 <input type="checkbox"/> 15-16</p>														
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12. List 5 of your most positive experiences of time spent in Special Forces and rate each on the scale by marking the appropriate block with an X .																						
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1. Somewhat positive	2. A little bit positive	3. Average	4. Quite positive	5. Very positive																		

13. List 5 of your most negative experiences of time spent in Special Forces and rate each on the scale and rate each on the scale by marking the appropriate block with an **X**.

a.						<input type="checkbox"/>		39
	1. Somewhat negative	2. A little bit negative	3. Average	4. Quite negative	5. Very negative		<input type="checkbox"/>	40
b.								
	1. Somewhat negative	2. A little bit negative	3. Average	4. Quite negative	5. Very negative		<input type="checkbox"/>	42
c.								
	1. Somewhat negative	2. A little bit negative	3. Average	4. Quite negative	5. Very negative		<input type="checkbox"/>	44
d.								
	1. Somewhat negative	2. Little negative	3. Average	4. Quite negative	5. Very negative		<input type="checkbox"/>	46
e.								
	1. Somewhat negative	2. A little bit negative	3. Average	4. Quite negative	5. Very negative		<input type="checkbox"/>	48

Information regarding current functioning					
14. If you think your time spent in Special Forces has contributed towards your current level of functioning, indicate on the scale below how much it has contributed by placing an X in the appropriate block?					V43 <input type="checkbox"/> 49
Little	Somewhat	Average	Fairly	Much	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Do you think your time spent in Special Forces has impacted positively or negatively on your life, indicate on table?					V44 <input type="checkbox"/> 50
Positively	<input type="checkbox"/>				
Negatively	<input type="checkbox"/>				

Mark the answer in the appropriate block with an **X** that most corresponds with the question.

1. In most ways my life is close to my ideal?

1. Strongly Disagree	2. Disagree	3. Slightly Disagree	4. Neither agree or disagree	5. Slightly agree	6. Agree	7. Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V45 51

2. The conditions of my life are excellent?

1. Strongly Disagree	2. Disagree	3. Slightly Disagree	4. Neither agree or disagree	5. Slightly agree	6. Agree	7. Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V46 52

3. I am satisfied with my life?

1. Strongly Disagree	2. Disagree	3. Slightly Disagree	4. Neither agree or disagree	5. Slightly agree	6. Agree	7. Strongly agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V47 53

4. So far I have gotten the important things I want in life?

1. Strongly Disagree	2. Disagree	3. Slightly Disagree	4. Neither agree or disagree	5. Slightly agree	6. Agree	7. Strongly agree

V48 54

5. If I could live my life over, I would change almost nothing?

1. Strongly Disagree	2. Disagree	3. Slightly Disagree	4. Neither agree or disagree	5. Slightly agree	6. Agree	7. Strongly agree

V49 55

Here are a series of questions relating to various aspects of your life. Each question has seven possible answers. Please mark the appropriate block with an **X** that expresses your answer the best, where numbers 1 and 7 being the extreme opposite answers of each other. If the words under 1 are appropriate for you, mark 1 with an **X**, or if the words under 7 are the most appropriate answer then mark 7 with an **X**. If you feel uncertain, mark the number that best expresses your feeling between 1 and 7 with an **X**. Please give only one answer to each question.

1. Do you have the feeling that you don't really care about what goes on around you?

1	2	3	4	5	6	7

Very seldom
or never

very often

V50 56

2. Has it happened in the past that you were surprised by the behaviour of people whom you thought you knew well?

1	2	3	4	5	6	7

never
happened

always
happened

V51 57

3. Has it happened that people whom you counted on disappointed you?

1	2	3	4	5	6	7

never
happened

always
happened

V52 58

4. Until now your life has been:

1	2	3	4	5	6	7

no clear goals or
purpose at all

very clear goals
and purpose

V53 59

5. Do you have the feeling that you're being treated unfairly?

1	2	3	4	5	6	7

very often

very seldom

V54 60

6. Do you have the feeling that you are in an unfamiliar situation and don't know what to do?

1	2	3	4	5	6	7

very often

very seldom
or never

V55 61

7. Doing the things you do every day is:

1	2	3	4	5	6	7

a source of deep
pleasure and
satisfaction

a source of pain
and boredom

V56 62

8. Do you have very mixed-up feelings and ideas?

1	2	3	4	5	6	7

very often

very seldom
or never

V57 63

9. Does it happen that you have feelings inside you would rather not feel?

1	2	3	4	5	6	7

very often

very seldom
or never

V58 64

10. Many people-even those with a strong character-sometimes feel like sad sacks (losers) in certain situations. How often have you felt this way in the past?

1	2	3	4	5	6	7

very often

very seldom
or never

V59 65

11. When something happened, have you generally found that:

1	2	3	4	5	6	7

you over
estimated or under-
estimated its
importance

you saw things
in the right
proportion

V60 66

12. How often do you have the feeling that there's little meaning in the things you do in your daily life?

1	2	3	4	5	6	7

very often

very seldom
or never

V61 67

13. How often do you have feelings that you're not sure you can keep under control?

1	2	3	4	5	6	7

very often

very seldom
or never

V62 68