

Unit Cohesion in Operations Desert Shield/Storm

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As United States Army forces deployed to Southwest Asia (SWA) to deter Iraqi aggression in the early days of Operation Desert Shield, and later prepared to liberate Kuwait, developing and maintaining unit cohesion was a primary concern. The Army Vice Chief of Staff directed the Department of Military Psychiatry, Division of Neuropsychiatry, of the Walter Reed Army Institute of Research (WRAIR), to study coping and adaptation of Army forces in SWA, with particular emphasis on unit cohesion. In response to this tasking, the WRAIR deployed a series of small research teams with the initial three-person team arriving in SWA in September, 1990, and the final team returning from SWA in June, 1991. These teams interviewed soldiers and administered questionnaires to determine what the key stresses were and how soldiers coped, and to assess levels of morale and cohesion. From July through December, 1991, the WRAIR also conducted follow-up interviews and administered surveys in the United States and Germany to assess post-deployment adaptation.

Method

The first team conducted only interviews, having decided before deploying that questionnaire administration would have to be deferred until key issues were better defined and until the theater matured sufficiently to allow transport and distribution of questionnaires. More than 500 deployed soldiers, ranging in rank from private to lieutenant general, took part in these initial semi-structured interviews. Interviews were either individual or done with groups of fewer than ten, and were held in soldiers' work or living areas. Those interviewed in groups were always seen with other soldiers of similar rank, without their supervisors' being present. When possible, the interview program included different organizational levels from a given unit. For example, within a battalion, the commander, command sergeant major, company commanders and first sergeants, platoon leaders, platoon sergeants, squad leaders, and squad members were interviewed in suc-

cession. When operational or time constraints made it impossible to be comprehensive within a unit, enlisted soldiers and junior NCOs were interviewed rather than the senior leaders.

The units visited included maneuver battalions from each of the three divisions then established in SWA, as well as support and headquarters units. The selection of targeted units was done in a manner that ensured that the team saw those units that (a) had been in SWA the longest, (b) were most forward deployed, (c) lived under the most austere conditions, or (d) had missions judged particularly stressful by their higher headquarters.

Interviews normally took between 60 and 90 minutes. Interviewers had soldiers describe each stage of the deployment from the time they were notified through the time of the interview. The major stressors at each stage were discussed, and soldiers were asked what individual coping mechanisms, unit supports, or leader actions helped them cope with these stressors. The interviews were open-ended and soldiers were encouraged to bring up issues they saw as most important, both in describing stress points and in evaluating coping and adaptation techniques.

The results of this interview program were incorporated in a plan for

studying the maturing theater which included questionnaires as well as additional interviewing. To accomplish this plan, a second research team returned to the SWA theater in November, 1990, and interviewed over 800 soldiers (using the same basic format described above) and administered questionnaires to 1,200 soldiers from eight combat arms battalions (two each from the four divisions then in SWA).

The questionnaire took about 45 minutes to complete and was administered at unit field sites. The contents of the survey included demographic information, items measuring the soldiers' beliefs about Army family support, measures of unit cohesion (both vertical: cohesion up and down the chain of command, and horizontal: cohesion among peers), perceptions of leader effectiveness, sections in which soldiers rated the stressfulness of various aspects of the deployment and the effectiveness of different coping techniques, and the Brief Symptom Inventory, a measure of psychological distress. Sometimes surveys were given to soldiers directly by the research team, while on other occasions, surveys were distributed and collected by the chain of command. Although it is not possible to calculate response rates given the necessity of

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opportunity sampling and the need to be flexible in method of distribution, the researchers' impression was that most soldiers who were actually given the questionnaire filled it out. Nonresponders seem to have been primarily those whose duties precluded their receiving the survey. There is no reason to believe that the sample was not representative of the units surveyed.

In January, 1991 (after the start of the Air War), a shortened version of the questionnaire was administered in a VII Corps division and an Armored Cavalry Regiment. The abbreviated version included both unit cohesion measures and a shortened symptom inventory, but omitted the sections dealing with deployment stressors, focusing instead on stress relating to anticipation of combat.

Post-combat surveying began in May, 1991, with soldiers still in SWA, and continued with follow-up visits to units redeployed to their home posts in the United States and Germany. Surveying continued through November of 1991. Approximately 9,200 usable surveys were obtained in this wave of data collection. The post-combat surveys included the cohesion measures and the Brief Symptom Inventory as used in the pre-combat surveys, as well as the Impact of Event Scale, a hardiness scale to measure individual psychological resilience, a scale assessing exposure to combat and the soldiers' ratings of the stress of this exposure, and a number of items relating to homecoming/reunion issues.^{2,3}

Results and Discussion

On the basis of their initial interviews in September/October 1990, the first research team concluded that individual morale was good and small unit cohesion was at a high level. Soldiers were enduring the uncertain situation and difficult living conditions well. This is not to say that they did not find these conditions stressful; on the contrary, most soldiers had complaints about a variety of issues related to the

deployment. However, further questioning usually revealed that they were functioning extraordinarily well given the circumstances under which they were operating and in spite of their frustration with primitive living conditions and the pain of separation from family and friends.

Problems for units in either morale or cohesion could generally be traced to factors that existed before the deployment. Units in which there were deficiencies in trust or communication up and down the chain of command prior to Operation Desert Shield (ODS) in most cases did not improve as a result of deployment. On the contrary, during the first months of ODS the stresses and intense interpersonal contact incident to deployment often exacerbated problems that had existed in CONUS. Similarly, soldiers' individual problems that existed before the alert often continued or became worse after deployment. While such instances of isolated low individual morale or weak unit cohesion were distressing to the soldiers involved, they do not detract from the more important observation that the majority of military units and individual soldiers were coping well in a highly stressful and demanding environment.

These subjective conclusions of interviewers experienced in studying cohesion in military units received quantitative support from the questionnaires administered in December, 1990. Of the 25 companies from XVIII Airborne Corps that took the survey, 23 had mean vertical cohesion scores higher than the mean score for the same scale in WRAIR studies conducted from 1985 through 1989, and 24 of 25 were higher on the horizontal cohesion scale. In a situation as intense and rapidly changing as the ODS deployment, there can never be precise, well-controlled measurement of variables such as cohesion; however, the survey data strongly support the notion that unit cohesion was indeed high during the early deployment.

The interviews conducted in Nov-

ember/December 1990 also supported the earlier findings, and further showed how maturation of the theater was affecting morale and cohesion. Increased availability of various amenities in the theater (eg, more showers, better tents, better food, occasional cold soft drinks) helped compensate for the austerity of life in SWA, and, perhaps more importantly, demonstrated to soldiers that the chain of command did care about them. The announcement by the Secretary of Defense that US forces would not rotate out of the theater, but rather would stay until the issue of Kuwait was resolved, also affected morale. Although many soldiers were at first disappointed not to be given a date to return home, the ultimate effect of this decision was morale enhancing, as soldiers now had a clear mission and, if not a date for return, at least a statement of what events must occur before they could go home. The January 15 deadline set by the UN further clarified the situation and allowed soldiers to focus their thinking on the nature of the task ahead.

A number of factors undoubtedly led to the generally high levels of cohesion observed by the interview teams and confirmed by the questionnaire results. In interviews, both soldiers and their leaders cited the time they spent living and training in the desert as the key factor in developing cohesion. A sense of shared purpose caused them to learn to take care of each other; initially, in order to survive in the desert during the early phase of the deployment, then to prepare for war. While the crowding and close living quarters prevalent in the theater were stressful, these conditions also forced unit members to develop skills in living with each other and resolving interpersonal problems, since there was no opportunity to get away from the unit. The "for the duration" announcement and the January 15 deadline gave the soldiers a sense of purpose, as well as a clear realization of their interdependence. The exceptional personnel stability

achieved by combat arms units deployed to SWA also contributed to cohesion. Because transfers out of units were minimal during ODS, there was a relatively long period in which the same soldiers could work and train together at the squad and crew levels. Some leaders noted in interviews that the levels of stability achieved and the training opportunities this stability provided were similar to what was envisioned by the Army when the COHORT (acronym for Cohesion, Operational Readiness, and Training) unit manning system was developed in the early 1980s.⁴

There were, of course, differences among units in levels of cohesion. Leader behavior and family support emerged from interviews and questionnaire data as key determinants of cohesion. Leaders who provided information, showed personal interest in the welfare of their soldiers, and shared burdens with them, obtained higher levels of cohesion in their units. These sets of behaviors interacted; for example, one way for leaders to show their interest in the welfare of soldiers was to ensure that information—including news as well as operational plans—was passed to soldiers. Soldiers, when asked what made them believe their leaders cared for them, often cited the fact that their chain of command did what it could to keep them informed. Similarly, leaders who shared burdens with soldiers, such as austere living conditions or physically-demanding tasks, were seen as interested in the welfare of their soldiers. Actions taken by leaders to provide basic amenities for soldiers acquired an important symbolic value, as facilities such as showers or better tents represented, in the eyes of the soldiers, the willingness of their leaders to support them.

Soldiers in the most cohesive units also reported more confidence that the family support systems at their home posts would care for their families if needed. The correlations be-

tween both vertical and horizontal cohesion scores and responses to five survey questions rating confidence in family support were all statistically significant (Pearson *r*-values ranged from 0.23 to 0.42, all *p*-values < .01) in the sample of 1,200 XVIII Airborne Corps soldiers surveyed in December, 1990. The Army has long held that family support is a component of readiness. In view of these correlations, the ODS experience supports this view.

The consequences of the high levels of cohesion observed during the deployment and build-up phases of ODS were evident in the post-combat interview and questionnaire results. Soldiers and leaders alike stated that the opportunity to build cohesion while training in the desert was a key factor in their ability to accomplish their mission effectively and with so few casualties when the ground war came. Further, cohesion was positively correlated with post-combat adjustment and health indicators. The more cohesive the unit, the fewer symptoms its members reported on the Impact of Event Scale and the Brief Symptom Inventory in the post-combat surveys.⁵

SUMMARY AND CONCLUSIONS

The present research supports the thesis that unit cohesion contributes to combat success and to post-combat adjustment. The data from ODS are currently being analyzed to further delineate the precise mechanisms by which high levels of cohesion were created and how the beneficial effects of cohesion can be maximized. For the Army, other key questions for the future are whether units were able to maintain the high levels of cohesion achieved in the desert after their return from ODS, and whether the positive effects on health and adjustment continue over time. The Department of Military Psychiatry, WRAIR, has begun a series of follow-up studies to address these issues, and future reports will discuss their findings.

REFERENCES

1. Derogatis LR, Spencer PM: The Brief Symptom Inventory (BSI). *Admin Scoring Proced Manual - I*, 1982.
2. Horowitz M, Wilner N, Alvarez W: Impact of Event Scale: A measure of subjective stress. *Psychosomatic Med* 41(3):209-218, 1979.
3. Bartone PT, Ursano RJ, Wright KM et al: The impact of a military air disaster on the health of assistance workers. *J Nerv Ment Dis* 177(6):317-328, 1989.
4. Marlowe DH (ed): New Manning System Field Evaluation: Technical report no. 5. Washington DC, Walter Reed Army Institute of Research, 1987.
5. Bartone PT, Gifford RK, Wright KM, et al: US soldiers remain healthy under Gulf War stress. Paper presented at the 4th Annual Convention of the American Psychological Society, San Diego, Cal, June 1992. ●