



DEPARTMENT OF THE AIR FORCE  
AIR EDUCATION AND TRAINING COMMAND

24 Jul 2002

MEMORANDUM FOR JPRA

ATTENTION: LTCOL BAUMGARTNER

FROM: 336 TRSS/SGF

SUBJECT: Psychological Effects of Resistance Training

1. Psychology Services at the Air Force Survival School at Fairchild AFB, WA maintains a log of psychological interventions conducted with students during training and prepares a yearly report of these interventions for risk monitoring purposes. Additionally, periodically Psychology Services conducts research to assess student confidence in ability to adhere to the Code of Conduct. We do not, however, routinely survey students in the years after training completion to conduct any psychological assessments of students.
2. Historically, a small minority of students in USAF Resistance Training (RT) have had temporary adverse psychological reactions during training. From 1992 through 2001, 26,829 students participated in RT, with 1,156 (4.3%) of them having contact with Psychology Services during training. Out of the students Psychology Services intervened with, 1,119 (96.8%) were successfully remotivated to complete training with only 37 (3.2%) psychological pulls. Out of the entire student population, only 0.14% were psychologically pulled from training.
3. Data from the Code of Conduct confidence studies are more complex to report in this format. In general, however, student confidence in their ability to adhere to the Code of Conduct is high prior to training, is reduced as expected after the Pre-Academic RT Laboratory, recovers during RT Academics, and is sustained or improves in the Post-Academic Laboratory. This suggests that RT is building realistic confidence to adhere to the Code of Conduct, and certainly is not crushing the spirit of the students.
4. While we have not surveyed students after completion of training for long-term psychological effects of RT during my tenure as Chief of Psychology Services at the Air Force Survival School, I feel reasonably certain that USAF RT training does not cause long-term psychological harm for a couple of reasons.
  - a. First, we minimize carryover of temporary psychological effects by performing three extensive debriefings during training. Two of the debriefings are performed by Psychology Services staff trained in advanced Critical Incident Stress Management, and the other debriefing is a thorough operational debriefing. Affording students these opportunities to discuss their training experiences in open group environments mitigates the risk of turning a "dramatic" experience into a "traumatic" experience.

b. Second, in spite of the training needing to be extremely stressful in order to be effective, we have encountered very few complaints about the training we provide. In my tenure in which nearly 10,000 students have completed training, we have had no congressional complaints about RT and only one Inspector General complaint which was not due to psychological concerns. I am aware of only letter of inquiry sent to the schoolhouse inquiring about long-term effects of training after completing training over twenty years ago. Even in this one inquiry out of 50,000 or so students completing RT since then, it was impossible to attribute this person's reported symptoms to his training.

c. Thus, I have to conclude that if there are any long-term negative psychological effects of USAF RT, they are certainly minimal.

5. I was also asked to comment from a psychological perspective on the effects of using the watering board.

a. The watering board is an intense physical and psychological stressor utilized by the Navy RT programs. We do not use this pressure in USAF RT.

b. I observed the watering board being utilized approximately 10-12 times when I was conducting a Staff Assistance Visit to the Navy North Island SERE School in September of 2001. The effects of the pressure were highly predictable. Use of the watering board resulted in student capitulation and compliance 100% of the time. I do not believe the watering board posed a real and serious physical danger to the students when I observed. The Navy had highly qualified medical personnel immediately available to intervene, and their students had all been medically screened prior to training. Psychologically, however, the watering board broke the students' will to resist providing information and induced helplessness.

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