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## **Psychological education as a basic requirement for supporting soldiers – participants of overseas missions**

### **Abstract**

Knowledge about how a person functions in a high-risk environment, how the human body reacts to stressors and what stressors await a human in the mission area is the primary way by which negative effects of long-term acting in a stressful environment can be effectively neutralized. It is also important to be aware of consequences of psychological traumas and destructive methods of dealing with stress. Therefore, it seems crucial for the system for preventing negative combat stress reactions to extend the obligation of having basic knowledge on the subject, not only by a person concerned, but also by the immediate surroundings of a soldier exposed to stressors or posttraumatic stress disorder.

**Keywords:** psychological education, overseas missions, stress management

## **Wymóg edukacji psychologicznej jako podstawa wsparcia żołnierzy – uczestników misji poza granicami państwa**

### **Abstrakt**

Podstawowym sposobem prowadzącym do efektywnego niwelowania negatywnych skutków długotrwałego funkcjonowania w środowisku stresogennym jest przede wszystkim wiedza na temat tego, jak funkcjonuje człowiek w środowisku o podwyższonym zagrożeniu, jak reaguje na czynniki stresogenne jego organizm oraz jakie stresory czekają na człowieka przebywającego na misjach poza granicami państwa. Ważna jest również świadomość konsekwencji urazów psychicznych i destrukcyjnych metod radzenia sobie ze stresem. Dlatego kluczowe, w systemie zapobiegania

negatywnym przejawom stresu bojowego, staje się rozszerzanie obowiązku posiadania podstawowej wiedzy na ten temat, nie tylko przez samego zainteresowanego, lecz także przez najbliższe otoczenie żołnierza narażonego na czynniki wywołujące stres bojowy czy zespół stresu pourazowego.

**Słowa kluczowe:** edukacja psychologiczna, misje poza granicami państwa, radzenie sobie ze stresem

Recently, an extraordinary action has spread around the world, in particular the online community. People, initially in the USA and then in other countries, do 22 push ups, commonly called 'pumps', for 22 days and after the task fulfillment they nominate another person to do the same. At the first glance, it resembles an Internet chain (particularly on a popular social networking site, since the action is set there), which is nowadays called 'a challenge'. However, it is only the first, rather illusory impression. The action was undertaken for quite deep and meaningful reasons, and its purpose is quite important.

Statistical research show a sad fact – daily, in the United States 22 war veterans impacted by posttraumatic stress disorder commit suicide. Every day PTSD collects the bloody harvest of the ended war.

The initiative was launched to celebrate those 22 people (soldiers, veterans) who lost the war waged not on a battlefield but in their heads and hearts. Its aim is not only to improve the physical condition of the people involved but also to bring the growing problem of PTSD to the attention of society worldwide. The overriding objective of these push ups is to educate the public, as it is the lack of awareness and knowledge about combat stress that represents the greatest threat to the affected people. The greatest, since ostracism is born by ignorance and social unawareness, and intolerance and rejection – by ostracism. This is why educating relatives, family members, neighbors, friends and co-workers on the phenomenon of PTSD and the fact that it can affect anyone deployed to a mission is an essential element of the combat stress management system, PTSD prevention and its treatment.

A helpful hand is an element that often prevents the suicide of a veteran. However, in order to make this hand possible to be extended, its owner must be aware that his / her father, son, brother, wife, neighbor or daughter needs help. He needs to know how to recognize combat stress symptoms,

to understand what combat stress is and how to help the affected person. PTSD – an opponent little-known for the time being; owing to this action it loses camouflage and its subtle nature is exposed to daylight. This is all the more important as this disease can remain hidden for months or years, only sometimes making its presence known, causing irritability, sleeplessness or distraction, but we lay the blame for that on a whole host of daily duties.

The action, though aimed at veterans of war, in fact addresses not only them. Anyone who has ever witnessed or participated in a shocking or traumatic event (traffic accident, natural disaster) may be exposed to PTSD. It is worth to be borne in mind.

### **Consequences of stress and educational possibilities for prevention**

Combat stress, called operational, is not a completely new phenomenon. Various forms of stress and mental trauma resulting from combat operations have been associated with each armed conflict in human history. Moreover, in every epoch, it was considered natural on a battlefield. The reactions to stressors present on battlefields have not changed substantially. Over the years they have been differently classified, defined and evaluated, however they have always been the same.

These changes in classification and the specific evolution of the perception of causes and symptoms of combat stress over the centuries have had a major impact on the development of treatment methods as well as the prevention and minimization of effects of posttraumatic stress disorder [1].

The awareness of the existence of psychological consequences of participation in armed struggle has almost always been present, but the systematization of psychological trauma in soldiers and the initiation of work on their problems began only at the turn of the seventeenth and eighteenth centuries.

It was then that the term ‘nostalgia’ or the term ‘Swiss illness’ (also called ‘domarad’ in Poland) appeared. For the first time, these phenomena were described in the seventeenth century by Leopold Auenbrugger, an Austrian physician, who highlighted the issue of apathy among veterans of battles fought at the then theaters of warfare [2]. According to the researcher, young people fighting in war and realizing the proximity of death and the fragility of human life in the face of the battle react with apathy, alienation, silence, isolation from other people and withdrawal from social activity.

The symptoms described 300 years ago by the Austrian doctor bear great resemblance to symptoms signaled and reported by current veterans of armed operations and their relatives.

The time of the American Civil War (1861–1865) was the period when the research on soldiers' nervous reactions and the impact of war on their mental state focused primarily on the biological sources of the disorder. It was then that the Philadelphia psychiatrist, Jacob Mendes Da Costa described the spectrum of mental and behavioral symptoms observed among the participants and gave the syndrome the names of '*hyperactive heart*' or '*soldier's heart*' [2]. Successors have unified them by calling the symptoms described by the doctor '*Da Costa's syndrome*'.

The symptoms described and systematized by the psychiatrist working in the Philadelphia hospital were mainly vegetative and occurred in the somatic form. The researched group of soldiers and veterans suffered from ailments unrelated to physical activity: anxiety, fatigue, palpitations, breathlessness, dizziness, hyperventilation, limb paresthesias or tachycardia (heart rate acceleration). In addition to these purely physical, measurable and physiological effects of taking part in the fights, the soldiers examined by Da Coste struggled with traumatic memories of dramatic scenes from battlefields.

The term '*shell shock*' was added to the dictionary during the World War I (1914–1918), and was initially associated with suspicion of brain damage potentially experienced by soldiers in the close proximity to explosions of artillery projectiles.

However, similar symptoms began to be soon diagnosed in soldiers from battlefields not covered by direct artillery fire, which in turn made researchers think of a completely different origin of symptoms in the fighting soldiers (both recruits and old soldiers). Therefore, the studies of a broader spectrum were launched and soldiers affected by '*shell shock*' were diagnosed for the impact of mental factors. Whereas the ailment itself was thought of in terms of '*traumatic neurosis*', also called '*war neurosis*' [3].

Chronic excitation or exhaustion, complete or significant loss of concentration, affective lability and in extreme cases fear and panic attacks leading to giving up a struggle were major symptoms in a person affected by the '*shell shock*'. There are known cases of shooting '*shell shock*' victims on charges of cowardice or desertion.

The World War II is the time when the term ‘combat fatigue’ was included in psychology and psychiatry textbooks. In spite of the significant development of science in this field, this term appears in journals and professional publications to this day. Combat fatigue, according to both then current and contemporary nomenclature, is determined by an individual’s exposure to the simultaneous influence of the four factors:

- sudden exposure,
- cumulative exposure,
- physical stressors,
- problems in the country [2].

It is interesting to know that the classified symptoms of ‘combat fatigue’ were identical to those 20 years earlier referred to as ‘shell shock’ – unrelated to physical effort, sudden loss of strength, impaired concentration, motivational loss, attacks of anxiety and fear, amnesia and disorders in the course of biological and physiological processes of a soldier’s body.

In the post-war period the term ‘psychological damage’ began to be used in the context of soldiers and veterans demonstrating symptoms of stress after they participated in armed conflicts. From a purely military point of view, they could be understood in two ways: on the one hand as own losses, i.e. the totality of soldiers unable for further action due to the ‘combat fatigue’ syndrome, and on the other hand in the category of losses suffered by a potential enemy on that battlefield. This, in turn, was an excellent ground for development of the new field of science and fighting methods of the so-called psychological war.

The first really serious debate on psychological effects of soldiers’ participation in battles and the broadly understood issue of combat stress took place only after the Vietnam War (1962–1975). The article by Chaim Shatan published in the “New York Times” constituted the culmination of this discussion, since the author presented data about the mental state of veterans returning home after the Vietnam War and raised the issue of so-called *post-vietnam syndrome*, which was shocking to the then public.

The great stir sparked by the article in the media and in the public awareness led to the separation of a new disease entity called posttraumatic stress disorder (PTSD) by the American Psychiatric Association in 1980, which was subsequently included in the revision *Diagnostic and Statistical Manual of Mental Disorders* (DSM) (DSM III R) in 1987. That is how PTSD came into being in the form in which we know it today.

In Poland, due to the lack of combat operations conducted by our country in the post-war period, there is no data on the occurrence of combat stress symptoms among soldiers. Only studies based on the observation of the general mental state of conscripts can be encountered [9].

The issues of combat stress and PTSD did not appear in the Polish Armed Forces until 1989, when the research began on the psychological condition of both conscripts and Polish soldiers serving in UN and NATO missions.

Although it can be clearly stated that most soldiers involved in dramatic events experience a number of mental injuries, this does not mean that anyone who has experienced trauma is an obvious candidate for becoming a victim of PTSD. The so-called psychological crisis intervention, that is, how soon after an incident a soldier received the professional psychological care and whether such assistance was given to him at all, plays an extremely important role in reducing the scale of the incidence of posttraumatic stress disorder. Moreover, soldiers' individual predisposition and the envelope of resources they have at disposal at the time of occurrence of a stressful situation are relevant.

### **The role of a commander and social awareness**

According to numerous theoretical assumptions, that the focus on tasks is the optimal way of coping with stress present in the military service. This has been confirmed by research conducted among soldiers, including veterans of overseas missions [5]. Preference for a style oriented towards solving a situation by treating it as a challenge that an individual can cope with is linked to the number of stressors involved in performing tasks in another country. The most frequent stressors indicated by soldiers are:

- long-term separation from the family and relatives,
- existence in a closed environment and the consequent restriction of civil and personal freedoms,
- extreme climatic and social conditions, distinct from home country ones,
- cultural diversity that hinders communication with indigenous peoples and can lead to conflicts,
- constant awareness of the threat to life and the associated permanent state of excitation [7].

Pursuing the occupation of a soldier is characterized by strong pressure. The performed psychological tests aim to separate mentally strong individuals

with certain predispositions. Significant intensity of various types of stressors and rapidly changing environments during performing kinetic activities require soldiers to be flexible and mentally tough. Numerous transformations in the military make the still binding autocratic style more and more often allow for taking initiatives and offering own experiential methods of action. Soldiers should not be only passive individuals under commanders' orders but also must be aware of their own resources, high sense of coherence, and be task-oriented.

It is worth pointing out that the feeling of coherence and the style of coping with stress that are determined in psychological tests can prove essential in predicting an individual's behavior and the execution of orders. It can also be observed what actions people take in case of a stressful situation. Choosing a task-oriented approach by soldiers is important when working in a dynamic environment where excessive focus on emotions and internal experiences can put other team members at risk and undermine the morale and impair the quality of tasks being fulfilled.

Individual predispositions are not in themselves sufficient to make sure no negative consequences of stress occur. In the face of extreme and long-lasting stress, a person's mental exhaustion can lead to selecting destructive stress management methods. That is why proper psychological education among soldiers is essential, i.e. arming them at every level with the envelope of constructive ways of conduct that they could benefit from in the face of stress. Lots of soldiers try to lower internal excitation in a short time by pushing experienced emotions away and engagement in alternative activities. This can often lead to various types of addiction as a result of poor adaptation to life after a stressful event [4]. The second important point is raising awareness of psychological consequences of difficult situations and not marginalizing this part of training by commanding officers and their subordinates.

Stress is related not only to violent events and situations. The increase in cortisol levels and its continued elevation over a longer period of time may also result from the monotony of life in a camp [6]. The fixed daily schedule, repeating the same set of activities as well as longer inactivity give birth to apathy, sluggishness and, over time, irritability. Only individuals with a specific set of characteristics, i.e. the high feeling of coherence, can understand the events they experience, have the sense of possessing resources helpful in the situation and the activity makes sense to them, they know that taking action is not pointless.

Familiarizing soldiers deployed to mission areas with all the physical and mental risks will give them the ability to build a network of coping strategies and increase the envelope of individual resources. This will make it faster and more accurate to recognize the first alarming symptoms and react to a variety of experiences and negative feelings. Ensuring minimal comfort, such as increasing the range of available activities and enabling contact with the family left in the country, will also positively influence the psychological functioning of soldiers [8]. What is more, the exact psychological education of commanders and their appropriate non-stigmatizing approach to professional psychological help will minimize the potential negative consequences of stress.

The rules of conduct during peacekeeping and stabilization missions are extremely precisely specified and subject to strict restrictions. The primary task soldiers face is to help the civilian population while minimizing military actions. Enemy forces do not respect limitations arising from international agreements and conventions, which generates a constant sense of threat and some kind of helplessness among the coalition forces. The necessity of taking quick, often morally burdening decisions disturbs the functioning of soldiers in the arena of action, and the asymmetric nature of conflict lowers the feeling of personal safety. However, because of the strong sense of community, the safety of an individual affects the safety of the whole team. The main liability for the decision-making process rests with subunit commanders who undertake the implementation of mandatory tasks while taking responsibility for their people.

Mutual trust (between comrades-in-arms and commanders and subordinates) is the most important factor affecting the functioning of soldiers during missions and their sense of safety. Strong interpersonal relationships generate negative feelings at the time of injury or death of a team member. The commander's responsibilities include the minimization of the potential desire for retaliation.

It should also be mentioned that the specific nature of operations performed outside the country requires commanders to make decisions in rapidly changing circumstances under time pressure. This is often associated with incomplete views of situations and inaccurate information about the operating conditions. Only flexibility in thinking, swift action and rapid decision-making ensure giving the right order. At the same time, a com-



manding officer should be able to benefit from the advice of more experienced team members while being aware of his or her full responsibility for the decision made. Functioning in such the environment over a longer-term perspective can adversely affect the human psyche thereby it is important that a commander has a wealth of methods to deal with stress [11]. Significant deficiencies in effective methods for combating effects of mental overload can sometimes lead to a decrease in concentration and a slowdown in the soldier's reaction time. It can cause the increased threat posed to an entire unit and, in the case of a commander, the loss of life or health of subordinates.

Therefore, in order to minimize the danger, it is useful to expand the scope of military training on topics related to management and command psychology and to increase the interpersonal and communication skills of commanders. Veterans of overseas missions inform that the effective implementation of the actions is based on the mutual confidence in building of which a commander plays a crucial role.

As far as confidence is concerned, a superior's subjective dimension and the trust in his / her abilities are essential. Soldiers serving outside the borders of the state are prepared to operate in a dangerous environment, however longer existence under constant stress, agitation, and increased alertness over time affect the physical and psychological capacity of soldiers. The further weakening may decrease morale. At the same time, it is well known that even the best theoretical studies do not accurately depict all aspects of the asymmetric conflict. Coming into immediate contact with hatred and cruel ruthlessness of aggressors becomes an experience beyond the regenerative capacity of the human psyche and the level of stress resistance. During the course of a mission, it is up to a commanding officer to observe subordinates so as to quickly notice disturbing changes in a soldier's behavior and respond accordingly.

Knowledge of the human psyche and the awareness of emotional and psychological dangers that can affect a soldier witnessing a traumatic situation is an important commander skill. Persistent depletion can aggravate the reaction to a severe and traumatic event, which in turn leads to internal imbalances and abnormalities in functioning. Professional psychological assistance becomes essential at that time [3]. *Debriefing* is the basic method to reduce accumulated emotions, thoughts and feelings. Although this is not a form of therapeutic work, it provides a safe environment to vent feelings

without fear of being assessed by superior officers, and it focuses mainly on the aforementioned trust among team members.

A psychologist takes a key role during *debriefing*. Taking into account the multitude of stressors affecting soldiers during overseas missions, the professional preparation of a person working with soldiers is of great importance. He / She must be familiarized with the military environment and prevailing stereotypes that may result in resistance to talk about feelings and problems. Changes in this area should address soldiers themselves and their perception of psychologist consultations as signs of weakness and professional uselessness to serve.

It is also not possible to hide nor deny the significant role that prevention and reduction of negative combat stress effects have on social awareness raising not only among soldiers, their families and relatives, but also, and perhaps even primarily, among all society members not necessarily associated with the military.

The psychological support of soldiers-mission participants should not cease with the end of a mission, but needs to be continued after they return home, in everyday, oftentimes civil, life. This is a particularly critical time for a soldier who must re-adapt to the reality that is often different from the one he / she left half a year earlier.

Ignoring the fact that it is the period immediately following the soldier's return from a mission that is of colossal significance for the later life of both a soldier himself / herself and his / her family is in many cases a drastic error which may have strongly negative impact.

Symptoms of PTSD in a soldier returning from the area of military operations do not have to appear immediately after landing; rarely is he or she already affected by symptoms of post-traumatic stress disorder and directly from the journey gets under the care of specialists. PTSD symptoms can appear up to several months after returning from a stressful area of military action. In order to make an unambiguous diagnosis and classify a person into a stressed group, it is required that the symptoms last for at least one month, negatively affecting different areas of mental and social functioning of the individual.

It is therefore extremely crucial that the broadly understood society as well as family, relatives, superiors and subordinates of a given person are well aware of and familiarized with the range of symptoms that may indicate that he / she suffers from a syndrome of posttraumatic stress disorder [10].

According to DSM-IV the criteria for post-traumatic stress disorder consist of three key symptom groups [5]:

- 1) reenacting a traumatic event – a patient has recalling memories, flashbacks, dreams or malaise caused by circumstances reminiscent of or related to the experienced stress event.
- 2) avoidance of stimuli related to the trauma and general numbness – a patient actively avoids or tries to avoid any places, events and circumstances that could in any way remind him / her of the stressor or the situation in which he / she was subjected to it.
- 3) psycho-physiological overstimulation – chronic states of excitation, agitation and increased psychological sensitivity (not observed before the contact with the stressor) appear in a patient in any of the following ways:
  - having trouble falling or staying asleep,
  - fits of anger and hypersensitivity,
  - problems with concentration,
  - excessive vigilance,
  - increased reaction of surprise.

Therefore the question arises: why do soldiers ignore symptoms and problems related to negative consequences of traumatic events? The knowledge of the specificity of the military environment and culture is indispensable for better understanding of the discussed issue. Soldiers' strong conviction about their own social competence and the awareness of behaviors that are expected and desired by comrades-in-arms and colleagues highly influence their own conduct.

This is largely due to the rooted in culture stereotype of a soldier as a strong human who can cope with problems by himself. The search for help becomes a synonym of weakness. This can only be changed through extensive and effective and often media awareness-raising actions and through better psychological education. It is important to follow the motto that posttraumatic stress disorder is not a sign of weakness but a normal reaction to an abnormal situation.

## **Conclusion**

Stress, as one of the main factors specifying the level of adaptability of a given organism to external factors, is a fundamental element that determines both

reactions and behaviors of individuals in the environment of permanent threat to life or health. A human exposed to negative influences, subjected to events that cause psychological traumas, forced to act in a sense of danger, injured or functioning in a state of deep thermal shock, i.e. operating in a strongly stressful environment, responds to these factors in different ways. However, each of these reactions is related to the occurrence of physiological changes in the body, and in negative emotions built-up in the mental sphere.

The processes that take place, including their quality, intensity, severity and type depend largely on an individual, his or her health and adaptability, as well as the intensity of stressors.

Factors characterized by the longer exposure period rather than high intensity have a particularly severe impact on human health. Stressors with lower intensity but longer duration are much more destructive than intense but short-lived ones. This is not an absolute rule, because everything is conditioned by individual adaptation capabilities.

Combat and patrol-mediatory operations within the framework of the Polish Armed Forces' peacekeeping missions belong to such factors causing stressful reactions through long-term impact, thus making an individual remain under permanent mental tension.

Knowledge about how a person functions in a high-risk environment, how the human body reacts to stressors and what stressors await a human in the mission area is the primary way by which negative effects of long-term acting in a stressful environment can be effectively neutralized. It is also important to be aware of consequences of psychological traumas and destructive methods of dealing with stress.

The characterization of the clear model of the commander's personality is aimed at ensuring possibly the most effective functioning of subordinates while performing tasks outside the state, at the same time taking care of mental comfort and increasing the sense of safety among soldiers.

The analysis conducted made it possible to distinguish the set of characteristics of a commander on an overseas mission. The threats related to war zone operations require not only the general military knowledge and combat expertise, but also interpersonal and communication skills that provide peace of mind and the sense of safety for subordinates.

A superior at each level of command is obliged to provide safety for subordinates. Proper personality predispositions as well as interpersonal

communication skills are necessary for effective, actual cooperation and building confidence in a commander. At the same time, a commander must be aware of own range of activities and limitations associated with them so as to establish cooperation with psychologists and psych-prophylactic specialists whenever necessary. The commander's approach has an impact on the way soldiers perceive professional help. The appropriate attitude and awareness of threats in the mental sphere gives a subordinate the ability to deal with the problem without feeling the loss of masculinity and the impression that the comrades have been let down.

Psychological education and the developed sense of observation also sensitize a superior to any signs of behavioral disturbances among his / her subordinates. In addition, permanent co-operation with mental health professionals and treating them as full-fledged team members, allows for quicker recognition of alarming signals indicative of a developing problem and adjustment of forms of action at various stages of its development.

Human as a social being does not function in complete isolation from other individuals. On the contrary, he / she lives in a certain symbiosis with other surrounding individuals that are his / her immediate environment – family, relatives, friends, acquaintances. It is therefore crucial for the system of preventing negative manifestations of combat stress to expand the obligation to have basic knowledge on the subject, not only by the person concerned, but also by the immediate surroundings of a soldier exposed to stressors or posttraumatic stress disorder.

## Bibliography

- [1] Binneveld H., *From Schell Shock to Combat Stress: A comparative History of Military Psychiatry*, Amsterdam University Press, Amsterdam 1998.
- [2] Figley Ch.R., Nash W.P., *Stres bojowy. Teorie, badania, profilaktyka i terapia*, PWN, Warszawa 2010.
- [3] Jędrzejko M., Gołębiowski A., Netczuk-Gwoździewicz M., *Sense of Coherence versus Styles of Stress Management among Soldiers Leaving for Peacekeeping Missions*, [w:] M. Jędrzejko (red.) *Social education: current problems and perspectives*, Mykolas Romeris University, Vilnius 2014.
- [4] Kanarski L., *Dowódca w sytuacjach społecznych*, Konjan Sp. z o.o. na zlecenie MON, Warszawa 2001.

- [5] Karolczuk A., Gołębiowski A., Tomko-Gwoździewicz M., *Od nostalgii do PTSD*, „Zeszyty Naukowe WSOWL”, Wrocław 2009.
- [6] Lemanowicz P., Daroszevska, T. *Vademecum stresu i pomocy psychologicznej w misjach wojskowych*, MON Departament Wychowania i Promocji Obronności, Warszawa 2004.
- [7] Madejski M., Patoka J., Potracki F., Różycka E., Szlagura W., *Działania psychologiczne z żołnierzami uczestniczącymi w sytuacjach kryzysowych. Wybrane elementy szkolenia psychologicznego żołnierzy*, P.W. „GLOB” Studium Kształcenia Ustawicznego, Warszawa 2004.
- [8] Merez D., *Jak zwiększyć swój potencjał, by lepiej radzić sobie ze stresem*, Oficyna Wydawnicza Instytutu Medycyny Pracy im. prof. J. Nofera, Łódź 2005.
- [9] Perski A., *Poradnik na czas przełomu: o stresie, wypaleniu oraz drogach powrotu do życia w równowadze*, Wyd. Jacek Santorski & Co., Warszawa 2004.
- [10] Sęk H., Cieślak R. (red.), *Wsparcie społeczne, stres i zdrowie*, PWN, Warszawa 2004.
- [11] Zawadzki R., *Stres – sztuka życia*, Wydawnictwa Szkolne i Pedagogiczne, Warszawa 2004.