

# C

## hapter 5

### Stress in CONOPS

#### DEFINITION

The nature of CONOPS, with the resulting fragmentation of sleep, produces stress, a state of bodily or mental tension resulting from continuous periods of pressure and strain. It is a reaction of the mind and body to extreme demands, impending threat, or other difficult situations. The demands may be physical or mental and may be caused by combinations of—

- o Threat to personal safety, such as pain, wounds, and death.

- o Fear of personal injury, such as loss of limbs, sight, and hearing.

- o Fear of failure, such as letting down comrades.

- o Horrible sights and experiences.

- o Intense grief, rage, hate, and guilt.

- o Cumulative physical fatigue, sleep loss, and discomfort.

- o Complex demands of command and control.

lost.

- o Frustration, defeat, isolation, and being

- o Heat, cold, wetness, noise, fumes, vibration, light, and other environmental conditions.

- o Overwork.

Expressions such as "paralyzed by fear," "sick with disgust," and "trembling with anger" define the feelings associated with mental stress. Fear arises and persists when soldiers find themselves in threatening situations over which they feel they have little or no control. An integral part of leadership is ensuring that soldiers are physically and mentally prepared to cope with any situation - to feel that they do have some control.

### **CHALLENGES TO SUCCESS IN BATTLE - THE HUMAN FACTOR**

War will remain fundamentally a contest of wills fought by men. On future battlefields, the essential qualities of professional competence, tenacity, innovation, and courage may well be the deciding factors. Combat will strain physical and mental endurance to unprecedented levels.

The battlefield environment will impose new challenges and stress on a continuous basis

which, if unchecked by the mental and physical conditioning of soldiers, could result in the catastrophic failure of entire units. Several human-factor challenges must be met. They include the challenges of preparing mentally for isolation and high casualty rates.

### **ISOLATION**

During CONOPS, units will experience long periods of combat where forces are inter-mixed, lines of communication are broken, and unpredictable strikes by long-range weapons are a constant threat. Soldiers fighting under such conditions must be able to overcome feelings of uncertainty and helplessness and the fear of isolation and exposure. They must continue to fight as separate battles are tied together into a cohesive force by a higher headquarters.

### **CASUALTY RATES**

Another challenge will be coping with a high casualty rate resulting from chemical and nuclear as well as conventional weapons. The increased destructive capability of potential future weaponry will cause serious physical and morale problems. Seeing the rapid and horrible death of forty to sixty percent of an entire unit will be a stressor that may cause soldiers to become emotionally unable to perform their duties and may jeopardize unit stability.

Leaders can anticipate about a quarter of the soldiers becoming stress casualties. To meet this challenge, leaders must ensure that soldiers are conditioned to mentally overcome the devastation accompanying mass human destruction. They must make sure that soldiers are trained to take over from those who are lost and to reform units that can continue to fight.

### **STRESS PREVENTION**

Strong leadership, unit identification, and motivation are factors that significantly reduce stress casualties. Survival increases when soldiers have developed and practiced coping skills which give them a sense of control in their lives. One way to maintain a sense of control is to practice stress management techniques. These are not easily learned once soldiers are involved in continuous combat operations. The time to learn them is during training. Training and practicing the techniques require leadership example.

Both leaders and soldiers should practice relaxation and stress management techniques several times a week as part of regular training to help them gain the needed skill in using them. Relaxation techniques calm the mind and body, provide a systematic method for full relaxation, and reduce stress levels. They restore a sense of self-control. Some techniques are described in Appendix A.

Leaders must also control and reduce stressors that increase battle fatigue and misconduct. Leaders must be sure that—

- o Soldiers' home front business is in order (e.g., wills, power of attorney, child care plans).

- o Pre-deployment training has been completed.

- o Sleep plans have been developed.

- o Soldiers are in good physical condition and are eating and drinking properly.

- o Soldiers are prepared for hot, cold, dry, and wet weathers.

- o Soldiers are being provided information.

- o All members of the unit share a sense of purpose and goal.

## **STRESS REACTIONS**

High continued stress uses up physical and mental resources faster than the soldier's body and mind can maintain them. There are stages in the reaction to stress. Initially when a soldier is stressed, tasks requiring strength may be done well, but fine motor coordination and

judgment may be impaired. The soldier may become anxious but remain calm in the face of danger. His behavior may become erratic, and he may become excitable and aggressive. His psychological defenses may control his fear. In later stages, exhaustion sets in. He may feel weak and too tired to move. At this point, the body may shut down.

### NORMAL REACTIONS

Normal reactions to stress include muscle tension, shaking and tremors, excessive perspiration, breathlessness, diarrhea, nausea, and vomiting. There may be panic, fear, sensitivity to noise, sleep difficulties, irritability, resentment, a "don't care" attitude, and extremely lethargic or euphoric post-combat moods. As the mind and body wear down, more incidents of mild illness occur. With rest, food, encouragement, suggestion, and persuasion, soldiers with normal stress reactions will continue to be combat fit.

When normal stress reactions interfere with duty performance, the soldier in combat becomes a battle fatigue case. Battle fatigue is a defense and escape mechanism which provides respite from intolerable situations.

As battle fatigue sets in, soldiers experience anxiety, sleep disturbance, depression, and fear. They may cry easily, become irritable, and use excessive profanity. They may have nightmares or insomnia and may have an exaggerated response to noise and movement.

Battle fatigue can be brought on by sudden exposure to horrible sights, fear, and facing the life and death consequences of battle. Battle fatigue can also be caused by cumulative exposure to danger, heavy responsibilities, close calls with death and disaster, and repeated grief and guilt over lost comrades. Many soldiers feel their luck, skill, and courage are used up.

### REACTIONS IN COMBAT

When a soldier cannot deal with stress, his efforts to cope become extreme. He may think he is safely at home when actually he is under heavy fire. In the middle of an artillery barrage, the soldier may curl up into a blind, unhearing, unfeeling, inactive ball. Some soldiers, just before attack, may pick arguments, fight with others, or become quiet; they may sulk or withdraw. Some may become immobilized when tasked to bury the dead.

First exposure to combat may cause severe tremors and shaking, hallucinations, uncontrollable panic, stupor, hysterical muteness, blindness, or paralysis (without real injury). After extended exposure to combat, soldiers may become apathetic, unconcerned about their survival, dependent on others, hypersensitive to sounds and movement, openly fearful and confused, noticeably reclusive, and slow in thinking, responding, or moving. They may suffer from mild tremors, sleep disturbances, depression, diarrhea, and vomiting. Some may smoke excessively and fail to eat.

Still other soldiers may react to the stress of combat (or extended duty in a combat zone, even without combat) with misconduct or stress reactions like insubordination, disobedience, desertion, and maltreatment of enemy prisoners or civilians. The proper response to these behaviors is disciplinary and/or legal action.

### **FRONT-LINE TREATMENT**

Leaders and forward medical personnel must identify battle fatigue and combat stress signs early and begin immediate corrective action. Battle fatigue yields readily to some simple corrective actions. Leaders should base treatment on the concepts in the acronym PIES.

**P**roximity - Treat as near to the soldier's unit and battle zone as possible; prevent over-evacuation.

**I**mmediacy - Treat as soon as possible after identification.

**E**xpectancy - Treat with the explicitly stated expectation that the soldier will return to his unit and resume his former duties.

**S**implicity - Treat using simple, brief, nonmysterious methods to restore physical well-being and self-confidence; use nonmedical terms and techniques.

Corrective intervention usually lasts up to 48 hours. During this time the soldier makes up for food, drink, and sleep deficiencies. He is given the opportunity to ventilate feelings and given meaningful work to do. History has proven that this front-line approach yields an impressive rate of return to duty and significantly decreases the incidence of post-traumatic stress disorders.

Front-line treatment principles include the following. There are additional guidelines in Appendix B. Leaders will—

- o Give soldiers brief and immediate attention based on mission, enemy, terrain, troops and time (METT-T).

- o Reassure the soldier that this is just battle fatigue - a temporary condition that will improve quickly.

- o Provide rest, food and water, good hygiene, and relative relief from danger.

- o Restore confidence with structured military work details.

- o Avoid using sedatives and tranquilizers.

- o Avoid evacuation unless absolutely necessary; it delays recovery.

- o Remove the soldier one echelon at a time if removal is necessary.

- o Send the soldier back to his unit as soon as possible.

- o Refer the soldier to the unit ministry team.

Rest, organized work details, recreation, and individual and group debriefing are all part of treatment. Debriefing focuses on the immediate past battle and the immediate future return to battle. Minimum attention is given to the soldier's family and to his distant past and future. The object is to verbalize the horror and terror of battle and come to grips with normal, powerful emotions of grief, guilt, and remorse.

## **RETURN TO DUTY**

Harsh and heartless as it may sound, return to duty serves both the individual and the Army. Failure to return to duty leads to post-combat mental problems and perhaps a permanent disability.

Commanders will accept combat stress-reaction casualties back to active service in their units soon after having seen them in a state of incapacity. Commanders must show a great deal of trust and cooperation as well as tolerance and acceptance. This is essential to the successful reintegration of the soldier into both

military and civilian life following front-line care.

Many combat stress casualties are hesitant to return to a setting in which they have so obviously failed to function. The encouragement of the commander and the example he sets for the other men in the unit may help the returnee overcome his fear and tip the balance between his being able or unable to resume his fighting role.

Finally, to minimize the incidence of post-traumatic stress disorder in all soldiers, commanders should, as soon as possible after combat, conduct debriefings that deal with the sights and feelings experienced. This will also help bind the unit together as a cohesive fighting force. When appropriate, a brief memorial service for those lost will serve as closure on the traumatic incident.

Most combat survivors don't become anxious or depressed. As a result of training, they are more apt to have inner confidence, a fighting spirit, a positive mental attitude, and a deep faith. They can create a sense of inner calm from the thoughts and pressures of the day. They can use relaxation techniques as a tool to calm the mind and break the cycle of anxiety. They can cope with stress by achieving control over the stress process. They have the inner resources, developed through training, for the mental toughness that is essential for individual and unit success.