Combat Stress in Conflicts Home and Abroad

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International peacekeeping operations have been one of the hallmark developments in the post-Cold War era. While it is true that these operations started almost immediately after the end of World War II, they really gathered momentum post the fall of Berlin Wall in 1989. The shadow of veto by warring permanent members gave way to cooperation and greater consensus emerged to solve the world's problems in trouble spots through United Nations (UN)-led multinational peacekeeping operations. The UN peacekeeping has a long but checkered history. With around 70,000 soldiers deployed in faraway trouble spots, the UN peacekeeping operations provide a fertile ground to study a vital area of health and well-being, namely combat stress.¹

India, a prime contributor to UN peacekeeping operations, has *suffered the highest number of casualties among participating countries*, accounting for 163 of 6,693 lives lost (as per a news report of 2018).² However, the death toll should be seen in the context of India's significant contribution to UN peacekeeping efforts, which adds up to over 2,00,000 troops—the largest number from any country—from the time it began taking part in the operations in 1950. The UN statistics reveal that the 6,000 odd casualties are largely due to accidents, illness and what it calls 'malicious acts', which broadly covers death in different kinds of conflict situations

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ranging from war to civil unrest. Although military personnel are trained for combat and peacekeeping operations, accumulated evidence indicates that deployment-related exposure to traumatic events is associated with *mental health problems* and *mental health service use*.

The dangers and difficulties faced are more or less uniform for all participating troops, their countries of origin notwithstanding. The advanced countries do much more preparation in pre-deployment phase to ameliorate the situation. The poorer nations mostly don't, the dollar income being the biggest attraction.

As the hotspots around the world increase, unfinished wars lead to huge displacement of populations and regions simmer in constant state of war, the Indian military could be increasingly called upon to play expeditionary roles far from the Indian shores. India's global ambitions not only imply sustained economic growth and a minimum quality of life for all its citizens but also expeditionary military might.

Combat stress appears to be far more damaging than the physical dangers in the battle area or mission area. It is not so obvious and not so visible, and thus tends to get neglected. These are the less obvious dangers. In India, between 2010 and 2019, 1,110 personnel in the army, navy and air force committed suicide, with the army alone accounting for bulk of the cases and displaying a troubling uptrend.³ The number of soldiers who die 'battling their internal demons' is said to be four times the number killed in counter-insurgency operations in India's conflict-wrecked Kashmir and the North-East. The loss of a soldier's life is devastating to his immediate family and dependents. Was his sacrifice worth it? Could it have been avoided? The venerable *Time* magazine reported that 'more US soldiers have killed themselves than have died in the Afghan war'.⁴ It pointedly asked *why the army can't win the war on suicide*.

So, neglecting stress may lead to huge costs in terms of loss of lives by suicide, poor mental health, and breakdown of families, straining the country's social fabric. In the context of the present operating environment, where the fifth generation of warfare is making it near impossible to identify the belligerent, like the Boko Haram, Islamic State of Iraq and Syria (ISIS) or the Al-Qaeda, who revel in fighting amongst the civil population, combat stressors multiply manifold.

The study of combat stress on soldiers needs to go beyond purely theoretical and often highly logical speculation. This is because focused data collection is more or less absent. For a proud and often stoic Indian Army, combat stress is not recognised as a war stopper. Hence, it should not come as a surprise that studies on the subject are not only nearly absent in India, they also do not form part of the army's training curriculum. A study of a field manual published recently by the Defence Institute of Psychological Research, Defence Research and Development Organisation, reveals near total absence of data collection and analysis. Not surprisingly, it shows that there is hardly any focus on the Indian soldier. The manual goes on to establish its premises entirely based on and more or less completely extracted from studies by the United Services (US) Armed Forces.⁵ Consequently, the recommended models to address combat stress-related behavioural issues are also derived and completely juxtaposed from Comprehensive Soldier Fitness programme for the US Army.⁶ To put it mildly, this approach gloriously ignores the anthropology of the Indian soldier, its organisational ethos, social milieu and the far more complex issues obtaining in the operating environment.

Reliable collection of data becomes challenging since military members respond in a manner that is steeped in military traditions, stoic and loyal. After all, the aim of military training is to prepare soldiers to accept all kinds of challenges in the battlefield and surmount them in the best manner possible. Rarely questions are asked on whether orders to do a particular task were legal, whether they were in order, if they were appropriate for the situation and whether they were given based on due diligence. Soldiers are trained to accomplish the tasks assigned, no questions asked. Difficulties in the mission area are taken in their stride. Does this attitude help in ameliorating combat stress? To a great extent, yes. However, the flipside is that as a fallout of this ethos, frank and forthright analysis from the military men is not always forthcoming. This hinders their contribution to achieving greater clarity on factors and situations that contribute significantly to combat stress in the mission area.

Multinational forces deployed in a mission area under the UN flag are expected to operate according to tailor-made rules of engagement (ROEs). The operating environment in mission areas, especially in a complex situation like that obtaining in the Congo, Sudan and Somalia, can be very difficult to interpret and assimilate in order to operate under and comply with the framework of the ROEs. As such situations can and do change rapidly, and new belligerent groups crop up. Also, the attitude of the local government and the host country's national army are

important factors that influence day-to-day operations. These can put severe stress on peacekeepers and their leaders.

It is pertinent that some peacekeepers find the interpretation of ROEs their biggest challenge. Language barrier too imposes varying degrees of stress on the peacekeepers. This is especially so in the French mandate countries in the African continent where a majority of the peacekeeping missions are deployed. Here, the interpreters come in handy. However, whether the interpreters convey the right message is open to question. Translators are, at times, politically motivated or have their sectarian, clan or tribal motives to distort conversations. On the whole, it is accepted that in a generic sense, language barrier does create varying degrees of challenges for the peacekeepers, hindering mission accomplishment.

Cultural barriers are another source of combat stress in many ways. It is especially so for more insular or homogenous countries, like the US, or for European peacekeepers. However, on this count, the Indian Army has a huge advantage as it comes from a country with amazing diversity of languages, customs and traditions. This gives the Indian Army peacekeepers the ability to adapt to the host country's cultural ethos without much difficulty. However, initial challenges remain and these can be ameliorated to a great extent by a suitable training package and exposure before deployment.

Of course, physical dangers to troops deployed remain a major source of combat stress, whether deployed on India's frontiers, in internal security duties or in international conflict missions. There are also worries about casualty treatment owing to dispersed deployment well beyond military capabilities available in the mission area, which perhaps is typical to UN missions which end up with mission creep. Further, as there is constant churning amongst the rebel groups and host population, identifying the belligerents is fast becoming a major issue. Not all belligerent groups fly a distinct flag like the ISIS.

To summarise, there are identifiable factors that have a direct role in inducing combat stress in the soldiers in mission areas and some that continue to haunt them post-deployment, a few for the rest of their lives. While countries like the US, post-Vietnam, the United Kingdom (UK) and Australia to an extent, after protracted deployments in Afghanistan and Iraq, have targeted studies to identify and ameliorate combat stressors, its study in India remains more or less absent. This is surprising since there is ample evidence of severe impact of combat stress on troops that were deployed in Sri Lanka as part of the now discredited Operation Pawan. Even at home, the overt and clearly discernible impact on the troops of over six decades of counter-insurgency in the North-East and over three decades of counter-terrorism in the Kashmir Valley should have caused anxiety in our policymakers to pay adequate attention to the subject.

While it may be understandable that the Indian soldier will tend to deny combat stress as a factor impacting his mission performance, it is the duty of the military leaders and the society at large to recognise and find means to ameliorate conditions that help in protecting our soldiers; even if that means helping them to live to fight another day.

POST-TRAUMATIC STRESS DISORDER

Post-traumatic stress disorder (PTSD) is the latest in a long series of diagnostic terms used to describe the state of distress associated with being severely upset or traumatised. It can follow a distressing event which is far outside the normal range of human expectation. The event is relived; it just won't go away: 'the victim relives sights, sounds or even smells. A "reminder" incident can start the process off all over again'.⁷ The pains experienced affect not only the individuals themselves 'but all those around them, whether family members, co-workers or close friends'.⁸

Symptoms of post-traumatic stress are persistent or recurring stress responses after exposure to extremely distressing events. These symptoms can be normal/common signs or warning signs. The signs and symptoms do not necessarily make the soldier a casualty, nor does the condition warrant the label of a disorder. It becomes PTSD only when it interferes with occupational or personal life goals. Sometimes, the signs and symptoms occur months or years after the event and may include painful memories. Let me elucidate with an anecdote, though a tragic one.

Purely in academic terms, it may appear odd that personal experiences and not objective empirical data analysis should hold centre stage. But the heart of the matter is that combat stress is highly personal and it would yield better dividends if it is firmly routed to real-life experiences.

Sometime in 1993, while attending a pre-staff course in Jammu, I was sharing a room with two other fellow officers. Usually, they returned to the room late after dinner, liberally patronising the bar without fail. Often, they would find me asleep if they turned in after 10. One night, having overindulged at the bar perhaps, they decided to lift my bed and drop it to shake me out of my stupor. One being a coursemate and the

other being a term senior in the National Defence Academy (NDA), I had no option but to lump it, except for a feeble protest. However, wide awake after the precipitous drop, I ventured to ask them why they weren't able to sleep the way I did. That night I sat up and listened to their stories. The stories tumbled out, slowly at first and then in a torrent. Incidents of their deployment in Sri Lanka would haunt their minds, including grenades in pajama pockets while sleeping and an elusive enemy who was a friend till yesterday lurking in the dark.

Both had been through multiple, active stressful operational deployments in succession. First, it was the activation of Siachen Glacier in 1984 which forced the Indian Army to induct troops in the sub-zero glacier equipped with just coat parkas and DMS boots. The abrupt deployment caused hundreds of frostbites and other severe cold injuries. As they de-inducted after two years of hardship, their units moved to peace stations, only to be deployed to Sri Lanka for peacekeeping. In a foreign land with not even proper maps or intelligence and hardly any clarity on the mission statement, they took needless casualties, some shot while slithering down from hovering Mi-17 helicopters. They slept at night with live grenades in their pajama pockets, not sure when the Liberation Tigers of Tamil Eelam (LTTE) would attack and from which direction. Or for that matter who was an LTTE cadre?

The deployment lasted for 967 days till March 1990, taking the lives of nearly 1,200 brave Indian soldiers and leaving over 3,000 injured some permanently so, and without a limb or worse, who returned home only to learn that they had fought a war that India had chosen to forget! In fact, even our dead soldiers were mostly cremated in Sri Lanka. Worse still, it was 20 years after Indian soldiers were bloodied in their battles in Sri Lanka that a memorial to the gallant Indian soldiers was constructed at the outskirts of Colombo, in Sri Jayawardenapura Kote, in 2008. And it took another two years before the first official memorial service was held on 15 August 2010 by the Indian High Commission. The scars, however, remained live and hurting in the body and psyche of the officers and soldiers.

Years later, I learnt with deep anguish and sadness that my esteemed NDA senior and roommate in pre-staff course had been shot dead by a soldier under his direct command while inspecting the battalion quarter guard, killed perhaps because the soldier, battling a bad day, felt his commanding officer (CO) was too harsh, too eccentric and too insensitive; that about a CO who was perhaps too sensitive, too troubled, carrying the burden of conscience asking himself why he could not protect the soldiers under his command and bring all of them back home. This kind of feeling of guilt persists for years for soldiers who experience intense battlefield situations. Discreet enquiries from friends and family (he also happened to be from my school and state) revealed that he had become alcoholic, as well as cranky, short-tempered and fidgety after his return from Sri Lanka.

The supposedly peacekeeping international deployment that quickly transited to peace enforcement, and then spiralled out of control into a full-blown war with the LTTE, left numerous soldiers and officers severely afflicted by what we can possibly now assume to be PTSD. However, there is little documentation, study or even mere acknowledgement of the severe and life-threatening psychological impact it caused. To be sure, these were deeply felt among their family and friends, perhaps accepted as fate, and left to fester, ruining careers and taking lives.

Over two decades later in 2014, on a golf course nestled in the verdant tea estates of Dooars, I watched a fellow officer calculate his tee off shot with intensity as he took in the lay of the dogleg fairway. As he took a practice swing, he almost fell, numbed by the leg that he did not have. As we walked after the tee shot, I asked how long it has been that way, coping without a leg. With a distant look, he said, well, about three decades. In 1988, a few months shy of his 23rd birthday, as a young Lieutenant, he was ripped apart by a grenade lobbed at him while leading an ambush. He surprised the LTTE sheltered in a hideout tucked inside a false roof in a hutment and they surprised him with the ferocity of their response.

Waking up a few days later, after numerous transshipments in the evacuation chain, in a hospital bed in the Command Hospital in Pune, he was staring at a bleak future. Added to the disbelief of seeing a stump where his right leg used to be, he heard that the doctors were considering recommending him for discharge from service because of his disability. It was sheer destiny that the aide-de-camp (ADC) of the army commander was also admitted in the same hospital, occupying a bed next to his. The senior played the protective brother officer and offered to put in a word. The army commander visited the hospital and rebuked the doctors, making sure that the officer was properly taken care of.

After that, the officer moved on in life, switching from infantry to a more sedentary 'service' corps in the army after overcoming strong objections from the receiving 'service'. He married his sweetheart despite

stiff opposition from her parents (whose parents would want their daughter to be married off to a man without a leg?). The officer went on to be a topper in subsequent army courses of instruction and rose to a senior rank, apart from being an avid and accomplished golfer. The trauma of the battlefield had been overcome with sheer grit and determination. How did he feel about the organisation? Well, he felt that a lot needed to change, especially the mindset. A sense of loyalty to the organisation that he cherished so much prevented him from being more forthright.

THE COPING: HINDU PSYCHOLOGY AND STRESS MANAGEMENT

'Take it easy', the yogi says. Psychologists have shown keen interest in the age-old techniques prescribed by Hindu psychology as they help in going deeper in analysing the causes of tension and removing them. Hindu psychology lays stress on development of will and the individual's potential power to bring out his inner strength. The success in coping with tensions is related to the understanding of the goal of human life and to the power one possesses for attaining it. To quote Chapter 6, Sankhya-yoga, Text 35 of the Bhagavad Gita, 'The mind is restless and difficult to control; but through practice and renunciation it may be governed.' Therefore, one has to adopt a technique that prescribes psycho-physical discipline. The Hindu psychological technique essentially has two aspects: one, the realisation of the supreme goal of life; and second, the cultivation of detachment and ceaseless effort to undergo the necessary discipline.

Tensions will dominate as long as the primary end of human life remains materialistic and hedonistic. As Sadhguru Jaggi Vasudev says repeatedly at his various discourses, tensions are created by wrong understanding of life in general. The first aspect of coping with stress in Hindu psychology, therefore, is to remove the causes of maladjustment and stress. The idea that all humans are manifestations of God enables minimising the tension of interpersonal relations. Competition too is minimised. The second aspect is the technique for cultivation of a detached outlook and the adoption of discipline. Here, the mind and the body are considered interdependent. Thus, certain dietary regulations are suggested to keep the body in such a state that may assist in the development of the mind.

In addition, specific mental training for physical health, which is termed as yoga, is prescribed. Anxiety results from a perverted urge which may become disproportionate and out of balance. By elevating the outlook to a higher or spiritual level, the individual allots every urge its proper place, and sets the balance right. Anxiety vanishes with the development of the will through such practice, and the individual is transformed into an integrated personality.

THE ORGANISATIONAL APPROACH TO STRESS MANAGEMENT

The habits of a lifetime cannot be changed overnight. Change takes time and comes with dedicated practice. However, if there is no change over a period of time, a person's blood pressure elevations could become chronic, stomach lining could open in a painful ulcer, he/she could be plagued with headaches or could suffer any number of other stressrelated disorders. There is no magic wand to transform instantly into a successful stress manager. Also, people cope with stress in different ways. Those who cope effectively with stressful situations have first learned to direct their thoughts along productive lines to avoid being distracted by fear and worry.

Religion: A Source of Strength

Religious fellowship, spiritual principles and faith in something greater than man can be major sources of strength for daily living and in times of crisis. The choice is ours for making. One very important facet of the day-to-day routine in the Indian Armed Forces units is the regular mandir or gurudwara parade, in which everyone gets an opportunity to pray and seek solace. This acts as a great catharsis for relieving us of our fears and stresses. It is often seen that in times of adversity, people develop great faith in something supernatural.

Professional Counselling

If a person's level of coping with stress is low and he is being overwhelmed by the stress that he is facing and his day-to-day activities get hampered, then the individual needs expert advice to assist him in ways to cope/ overcome his stress. For this technique to succeed, it is extremely important that the patient must accept the fact that he needs professional help. If he has any resistance to the fact that he needs help, then the treatment or counselling will eventually fail. So, the first important step is awareness.

Need for Mental Conditioning

Commanders and troops must understand that they are operating in a 'no-win' situation and their overall aim will always remain achievement

of 'more perfect peace'. It simply implies that there is no such thing as a quick military victory. Conduct of counter-insurgency campaigns will invariably extend to a number of years. No one should attempt to achieve 'quick-end' results, particularly by resorting to excessive use of force. Excessive use of force is counterproductive and must be avoided. Patience, perseverance, warmth and genuineness must be displayed. At the same time, there is no room for 'zero error' or 'live and let live' approach to the problem. Such is the nerve-wrecking complexity of the problem that there is a need for ensuring the correct type of mental conditioning at all levels.

Leadership

Good leadership and training are the real antidotes for combating stress in any environment. Majority of the operations are fought at platoon and company levels; hence, platoon and company commanders must plan and execute missions by leading from the front and setting personal example. In addition, the leaders above company level must be seen and their presence felt by all rank and file. A CO must be seen once in two or three days, if not daily, and brigade commander once a week, if not more often. Commanders must be able to plan ahead and defeat the designs of the opponents. Such leadership, if practised, would generate a state of motivation of troops which would negate all the stress of the battlefield.

Training

To kill is not the natural behaviour of a human being. To create a killing instinct in the soldier, he has to be trained hard and realistically. Such training would inculcate body reaction and develop in him a second nature whereby he would do the unnatural act more as an auto-reaction leading to success. Success in combat would generate confidence and a sense of superiority, which is essential to combat stress. If men are trained for all possible tasks and situations, the stress of battlefield would reduce to a negligible level.

Use of Minimum Force

Our troops must respond with force and manpower necessary to deal with the situation without placing themselves at a disadvantage. The commander on the spot is the best judge to decide the quantum of force and firepower to be used and the higher commanders must give due weightage to the wisdom of his judgement. They should also avoid instituting inquiries, like the ones into Manipur killings,⁹ as such actions demoralise junior-level leaders, inhibiting them from taking initiative and risks in the future.

ANALYSIS AND RECOMMENDATIONS

As mentioned earlier, as a prime contributor to UN peacekeeping operations, India has suffered the highest number of casualties among participating countries. *The impact of combat stress cannot be a bean count of deaths in mission areas alone*. The impact on family members, friends, fellow soldiers inside the mission areas and those awaiting deployment, and overall, the aspect of PTSD, are issues that have hardly been properly examined in the Indian context. How does this dislocation to a mission in foreign soil teeming with insurgent groups affect the spouse back home? How does it impact their children's education? Without the protective presence of the soldier-parent, how do children cope? What is their impact on the family's health, short and long term? How it impacts the parents when body bags of their son or daughter are flown back to India?

The aspect of PTSD is an area that remains neglected. It is as if the state as well as the organisation is in great hurry to close the chapter once the deployment is over. The PTSD symptoms, like disturbed family life, divorce, sub-par professional performance, alcoholism and in certain cases, clinical depression and violent behaviour or worse, can be temptingly dismissed as personal deviations or family reasons. Attributable though they may be to reasons ranging from dislocation to a far-off unfamiliar place, different time zones or to some deeply impacting violent incidents, PTSD manifests silently and kills silently.

It is surprising that despite the participation of over 2,00,000 troops in UN missions, there are hardly any authoritative books and memoirs penned by soldiers who faced it first-hand on foreign shores. Maybe due to personal apathy or overt official discouragement, bad stories are brushed under the carpet and thus go silent after the soldier's exit from the organisation. Thereby, the organisation misses a great opportunity to address issues that have long-term impact on mission performance, home or abroad.

There has to be a moral reckoning, a discernment process that does not whitewash what happened but leads to merciful judgements about how much guilt should be borne; settled and measured conclusions about how responsibility for terrible things should be apportioned. The revelations guide us to try and fathom the level of PTSD that has gone

unrecognised over three decades of intense counter-terrorism operations in Jammu and Kashmir and the over six-decades-old counter-insurgency operations in India's north-east region.

If our own organisation finds it difficult to understand the nuances and intricacies of PTSD, imagine how this subject is possibly treated by the civil society, for many of whom battlefield actions are episodes on the TV, watched in the comforts of their homes over food and drinks. The subtleties of combat stress, especially the aspect of PTSD and its connotation in terms of behavioural adjustment difficulties, need greater understanding and sensitivity.

Prognosis

It is acknowledged that most of the work will have to be done at the micro level, that is, through individual conversations between soldiers and leaders on the one hand, and veterans and civilians on the other, that go beyond the usual grace of 'thank you for your service'. The conversations have to deal with the individual facts of each case. The goal is to get the soldiers to adopt the stance of a friendly observer in post-mission debrief sessions, to make clear how limited choices are when one is caught in a random, tragic situation, to arrive at catharsis and self-forgiveness about what was actually blameworthy and what wasn't. This will need focused training of the army's leaders at all levels in order to achieve optimal combat efficiency. The soldier that stands guard at the frontiers in freezing cold in super high altitudes and in the sizzling heat of deserts without complaining to protect the country also needs protection.

NOTES

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