



### The Challenge of Military Adversity and the Need for Protective Mechanisms

Rael D. Strous MD and Moshe Kotler MD

Beer Yaakov Mental Health Center, Beer Yaakov and Sackler Faculty of Medicine, Tel Aviv University, Ramat Aviv, Israel

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“Each man is questioned by life; and he can only answer to life by answering for his own life; to life he can only respond by being responsible.....”

These words, spoken in a soft tone by the Holocaust survivor and psychiatrist Viktor Frankel, reverberate loudly with implications for human behavior and the accountability that every individual has for his or her actions. We are all markedly affected by what we experience every day. This includes events considered mundane in the interface we have with others as individuals and groups as well as events that are more acutely traumatic or deterministic confrontations with reality. The mundane events are not necessarily less substantive.

Many of the interactions we face and situations that we are forced to confront are a function of being members of Israeli society and living in an area of chronic conflict. This includes exposure to the obviously traumatic experiences of a terror attack and active military duty as well as less obvious consequences of being exposed to chronic stress leading to increased aggression on the roads and motor vehicle accidents. In this month's issue of *IMAJ*, Professor Bleich and colleagues [1] report on the results of data painstakingly obtained by a random telephone survey, which describe the psychological toll on Israeli soldiers based on their experiences serving in the territories and the resultant symptoms of distress. The authors found that cumulative contact with the civilian Palestinian population leads to increasing exposure to traumatic events, which in turn results in more post-traumatic stress disorders – albeit on a continuum of severity. What makes these contact experiences even more disturbing for the soldiers is when the soldiers' interactions with the civilian population include some element of degradation – albeit subjective and ill-defined (a potential limitation of the paper). While this is a somewhat sad admission on the part of the soldiers during the course of the study, it is heartening that soldiers at least were sensitive and honest enough to admit to the fact that degradation had taken place and that at some level this does not sit well with them. It is this level of discomfort, the feeling of guilt, incongruence and dissonance that may be most conducive to the later development of post-traumatic symptomatology. It

should always be remembered, however, that association does not imply causation. While it is certainly a matter of concern that Israeli soldiers by their own admission are engaged in degrading acts towards the Palestinian civilian population, it is not at all surprising. Despite being well trained and disciplined in the art of military warfare, these soldiers, who are placed on guard duty of border posts and villages in the “territories,” are often young teenagers just out of school who lack life experience. It can be assumed that they are most likely untrained in civilian management. Placing them in control of an often hostile civilian population is begging for failure.

While this is one of the first reports in Israel indicating inappropriate stress-induced aggressive behavior by soldiers, it is not a new phenomenon. Indeed, a large body of international literature does exist, for example, articles on problems in the families of soldiers secondary to the inevitable stress of military service, including child maltreatment [2] and spousal abuse [3]. However, if this is the reality it becomes the responsibility of members of the mental health profession to encourage adequate preparation of these soldiers prior to their exposure to these inevitable stressors. Moreover, sensitive support mechanisms for soldiers and their loved ones during the trying times of active duty under such conditions becomes an imperative. This may take the form of soldier peer-mentoring care and support which has proved beneficial in the British Royal Marines [4] as well as a system of psychological debriefing which has been shown to reduce psychological trauma among returning British soldiers from UN peace-keeping duties [5]. Apart from reducing the inevitable suffering from PTSD in these soldiers and the resultant at times inappropriate behavior towards civilians under their control and the soldiers' own families, such intervention may even reduce rates of physical health problems and utilization of general medical services [6]. At all times, however, such programs should be instituted by members of the health profession while maintaining a fair distance from political considerations and involvement.

It has been said that “bad people do what good people dream” [7]. The potential for problematic behavior exists within

PTSD = post-traumatic stress disorder

all individuals given the “appropriate” context. The existence of a darker side to human nature does not come as a surprise to those with life experience. Religions across the board have been aware of this phenomenon since the beginning of time, as in the story of Adam and Eve. So, too, are the demons of mankind expressed through the works of the greatest of our writers, from Dostoevsky’s *Crime and Punishment* to Freud’s *Civilization and its Discontents*, and from Joseph Conrad’s *Heart of Darkness* to William Golding’s *Lord of the Flies*. What may compound this phenomenon is the company we keep and the environment in which we function either by choice or against our will [7]. Military service is an example of such an environment and experience where exposure to situations not by choice may lead to less than desirable behavioral responses and emotional reactivity.

It is well known among psychiatrists that in various situations many individuals have the capacity for violence and inflicting humiliation given the opportunity. Removed from their regular stable environment with external controls and placed in a situation of conflict, many engage in inciteful and aggressive behavior, such as may be recognized in some soldiers in wartime and in some civilians by looting in times of natural disasters. The example reported by Bleich and co-authors [1] in this issue is another example of such, although on a smaller scale. Robert Simon maintains that, while difficult to accept, some of this aggressive behavior may even have an evolutionary protective function and even biological correlates in the form of reduced central serotonin levels [7]. However, having experienced the most adverse of situations – namely, Auschwitz – Viktor Frankel also claimed: “Everything can be taken from a man but one thing; the last of the human freedoms – to choose one’s attitude in any given set of circumstances, to choose one’s own way.”

It is with this challenge that soldiers are faced – to keep their head and heart when others may be losing theirs and not to engage in any acts of violence or degradation while on active duty. It is also with this challenge that members of the mental health care field are faced – both military and non-military – to develop preparatory programs for soldiers going into such civilian areas where control is required, to enable better coping mechanisms and to foster more appropriate stress containment strategies.

In this manner, it is anticipated and believed that the risk of such adverse responses in times of strain would be averted. There is hope. Appropriate infrastructure and resources for this endeavor are critical. The responsibility of soldiers under conditions of adversity should be matched by the responsibility of the military chain of command and medical professionals in preparing them for such. A joint effort is demanded whereby the military chain of command needs to instill in soldiers educational values and norms under conditions of conflict with civilian populations, and military health care providers are required to assist in managing subsequent conditions of stress and intrapsychic conflict resulting from such interactions in vulnerable individuals. In so doing, much inevitable suffering on both sides of the conflict can be contained and averted.

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**Correspondence:** Dr. R. Strous, Beer Yaakov Mental Health Center, P.O. Box 1, Beer Yaakov 70350, Israel.  
 Phone: (972-8) 925-8280;  
 Fax: (972-8) 925-8224  
 email: rael@post.tau.ac.il