

AD-A181 027



AIR COMMAND AND STAFF COLLEGE

STUDENT REPORT

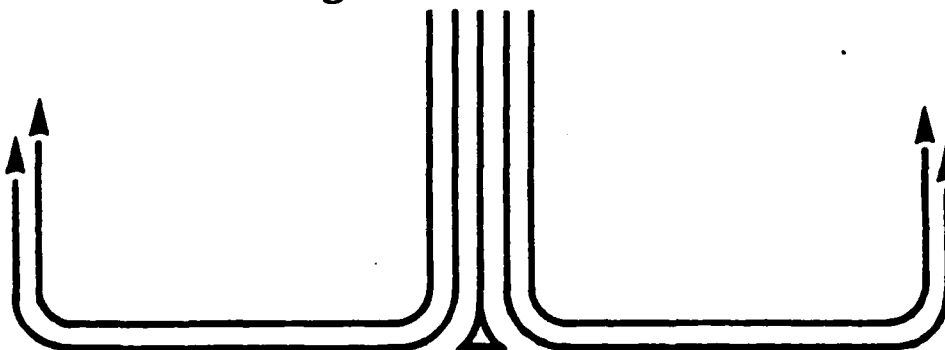
BATTLEFIELD STRESS

MAJOR ROBERT M. LEON, JR. 87-1565

"insights into tomorrow"

DTIC
ELICITE
JUN 11 1987

CE



Approved for release by NSA on 05-08-2014 pursuant to E.O. 13526

DISCLAIMER

The views and conclusions expressed in this document are those of the author. They are not intended and should not be thought to represent official ideas, attitudes, or policies of any agency of the United States Government. The author has not had special access to official information or ideas and has employed only open-source material available to any writer on this subject.

This document is the property of the United States Government. It is available for distribution to the general public. A loan copy of the document may be obtained from the Air University Interlibrary Loan Service (AUL/LDEX, Maxwell AFB, Alabama, 36112) or the Defense Technical Information Center. Request must include the author's name and complete title of the study.

This document may be reproduced for use in other research reports or educational pursuits contingent upon the following stipulations:

-- Reproduction rights do not extend to any copyrighted material that may be contained in the research report.

-- All reproduced copies must contain the following credit line: "Reprinted by permission of the Air Command and Staff College."

-- All reproduced copies must contain the name(s) of the report's author(s).

-- If format modification is necessary to better serve the user's needs, adjustments may be made to this report--this authorization does not extend to copyrighted information or material. The following statement must accompany the modified document: "Adapted from Air Command and Staff Research Report _____ (number) _____ entitled _____ (title) _____ by _____ (author) _____."

-- This notice must be included with any reproduced or adapted portions of this document.



REPORT NUMBER 87-1565

TITLE BATTLEFIELD STRESS

AUTHOR(S) MAJOR ROBERT M. LEON, JR.

FACULTY ADVISOR MAJOR (P) STEPHEN P. BOYER, ACSC/EDM

SPONSOR MAJOR RICK KEENE, CENTER FOR ARMY LEADERSHIP,
U.S. ARMY COMMAND AND GENERAL STAFF COLLEGE

Submitted to the faculty in partial fulfillment of
requirements for graduation.

AIR COMMAND AND STAFF COLLEGE
AIR UNIVERSITY
MAXWELL AFB, AL 36112

UNCLASSIFIED

SECURITY CLASSIFICATION OF THIS PAGE

Handwritten notes

REPORT DOCUMENTATION PAGE

1a. REPORT SECURITY CLASSIFICATION UNCLASSIFIED		1b. RESTRICTIVE MARKINGS NA	
2a. SECURITY CLASSIFICATION AUTHORITY NA		3. DISTRIBUTION/AVAILABILITY OF REPORT STATEMENT "A" Approved for public release; Distribution is unlimited.	
2b. DECLASSIFICATION/DOWNGRADING SCHEDULE NA			
4. PERFORMING ORGANIZATION REPORT NUMBER(S) 87-1565		5. MONITORING ORGANIZATION REPORT NUMBER(S)	
6a. NAME OF PERFORMING ORGANIZATION ACSC/EDCC	6b. OFFICE SYMBOL <i>(If applicable)</i>	7a. NAME OF MONITORING ORGANIZATION	
6c. ADDRESS (City, State and ZIP Code) MAXWELL AFB, AL 36112-5542		7b. ADDRESS (City, State and ZIP Code)	
8a. NAME OF FUNDING/SPONSORING ORGANIZATION	8b. OFFICE SYMBOL <i>(If applicable)</i>	9. PROCUREMENT INSTRUMENT IDENTIFICATION NUMBER	
8c. ADDRESS (City, State and ZIP Code)		10. SOURCE OF FUNDING NOS.	
		PROGRAM ELEMENT NO.	PROJECT NO.
11. TITLE (Include Security Classification) BATTLEFIELD STRESS (U)			
12. PERSONAL AUTHOR(S) LEON, ROBERT M. JR. MAJ U.S. ARMY			
13a. TYPE OF REPORT	13b. TIME COVERED FROM _____ TO _____	14. DATE OF REPORT (Yr., Mo., Day) APRIL, 1987	15. PAGE COUNT 36
16. SUPPLEMENTARY NOTATION			
17. COSATI CODES		18. SUBJECT TERMS (Continue on reverse if necessary and identify by block number)	
FIELD	GROUP SUB. GR.		
19. ABSTRACT (Continue on reverse if necessary and identify by block number) <p>▶ Battlefield stress is an accepted casualty producing phenomenon that leaders must understand to minimize it's adverse impact. Already outnumbered by it's potential adversary in a conventional war, the U.S. Army can ill afford to lose any soldiers as battlefield stress casualties. This report was organized to answer the following five logical questions to better understand the complexities of battlefield stress:</p> <ol style="list-style-type: none"> 1) What is battlefield stress? 2) What are the dominant factors that cause battlefield stress? 3) What are the individual and collective reactions to battlefield stress? 4) What preventive measures can a leader take to increase individual and unit resistance to battlefield stress? 5) What is the most effective treatment for a battlefield casualty prior to medical evacuation? 			
20. DISTRIBUTION/AVAILABILITY OF ABSTRACT UNCLASSIFIED/UNLIMITED <input type="checkbox"/> SAME AS RPT <input checked="" type="checkbox"/> OTIC USERS <input type="checkbox"/>		21. ABSTRACT SECURITY CLASSIFICATION UNCLASSIFIED	
22a. NAME OF RESPONSIBLE INDIVIDUAL ACSC/EDCC MAXWELL AFB, AL 36112-5542		22b. TELEPHONE NUMBER <i>(Include Area Code)</i> (205) 293-2483	22c. OFFICE SYMBOL

PREFACE

"Fear makes men forget, and skill which cannot fight is useless."
—Phormid of Athens: 429 B.C.

"In battle, those who are most afraid are always in most danger."
—Catiline: 63 B.C.

"Fear makes men ready to believe the worst."
—Quintus Curtius Rufus: 2nd Century A.D.

"Nothing is to be feared but fear."
—Francis Bacon: 1521-1566

"When soldiers brave death, they drive him into the enemy's ranks."
—Napoleon I: 1806

As long as there has been war, fear has been the constant companion of the soldier. The ability of soldiers to handle this fear has often meant the difference between defeat and victory.

This project is designed to better prepare leaders to meet the challenge of battlefield stress in modern warfare.

This project is dedicated to the American Soldier.



Approved for	
by	X
Special Agent in Charge	
Division	
Availability Codes	
Avail. and/or	
Dist. Special	
A-1	

ABOUT THE AUTHOR

Major Robert M. Leon, Jr. was commissioned from Lehigh University in 1973 with a Bachelor of Arts degree in History and entered active duty in May 1974. Upon completion of the Infantry Officer Basic Course (Honor Graduate), Airbourne School, and Ranger School at Fort Benning, Georgia, he was assigned to the 1st Battalion, 32nd Infantry Regiment, 2nd Infantry Division, Korea. While in Korea, he served as a Rifle Platoon Leader, Company Executive Officer, and Support Platoon Leader. Returning to the United States, he was assigned to the 2nd Battalion, 31st Infantry Regiment, 7th Infantry Division, Fort Ord, California from March 1976 to August 1979 serving as a Mortar Platoon Leader, Adjutant, and Rifle Company Commander. He graduated with Honors from the Infantry Officer Advanced Course in 1980. He was then assigned to the 3rd Infantry Division, Wurtzburg, Germany where he served in G3 Operations until posted as an Exchange Officer to the 3rd Battalion, Queens Regiment, British Army on the Rhine until June 1982. After a year as the Operations Officer (S3) of the 1st Battalion, 7th Infantry, he was assigned to the Armament, Munitions, and Chemical Command, Picatinny Arsenal, Dover, New Jersey. From 1983 to 1986, he served in a succession of Research, Development, and Acquisition positions, ultimately serving as the Acting Product Manager for Mortars. He was awarded a Master of Science degree in Acquisition Management and Contracting from the Florida Institute of Technology in 1985. He is a graduate of the following additional courses: Army Command and Staff College (1982), Armor Advanced Course (1979), Field Artillery Advanced Course (1981), Ordnance Advanced Course (1983), Motor Officer Course (1980), Mortar Platoon Leader Course (1976), Military Acquisition Management Course (1983), and Logistic Executive Development Course (1983). His decorations include the Meritorious Service Medal, with two Oak Leaf Clusters, the Army Commendation Medal, and the Army Achievement Medal. He is married to the former Melanie April Sims from Absecon, New Jersey, a Department of the Army civilian Operations Research Systems Analyst.

TABLE OF CONTENTS

Preface.....	iii
About the Author.....	iv
Table of Contents.....	v
List of Illustrations.....	vi
Executive Summary.....	vii
CHAPTER ONE — WHAT IS BATTLEFIELD STRESS?.....	1
Evolution.....	1
Implications.....	3
Definitions.....	4
CHAPTER TWO — WHAT ARE DOMINANT FACTORS THAT CAUSE BATTLEFIELD STRESS?.....	5
Causes of Battlefield Stress.....	5
Individual Battlefield Stress Susceptability.....	9
CHAPTER THREE — WHAT ARE THE INDIVIDUAL AND COLLECTIVE REACTIONS TO BATTLEFIELD STRESS?.....	11
Theories of Battlefield Stress Breakdown.....	11
Battlefield Stress Endurance Models.....	12
Coping Mechanisms.....	13
Reactions.....	17
Symptoms of Battlefield Stress Casualty.....	18
CHAPTER FOUR — WHAT PREVENTIVE MEASURES CAN A LEADER TAKE TO INCREASE INDIVIDUAL AND UNIT RESISTANCE TO BATTLEFIELD STRESS?.....	19
Preventative Measures.....	19
CHAPTER FIVE — WHAT IS THE MOST EFFECTIVE TREATMENT FOR A BATTLEFIELD CASUALTY PRIOR TO MEDICAL EVALUATION?.....	25
Evacuation Guidelines.....	25
BIBLIOGRAPHY.....	27
APPENDICES.....	29
Appendix A — Signs of Stress in Yourself.....	30
Appendix B -- Signs of Stress in Others.....	33
Appendix C — Signs of Stress in the Unit.....	35

LIST OF ILLUSTRATIONS

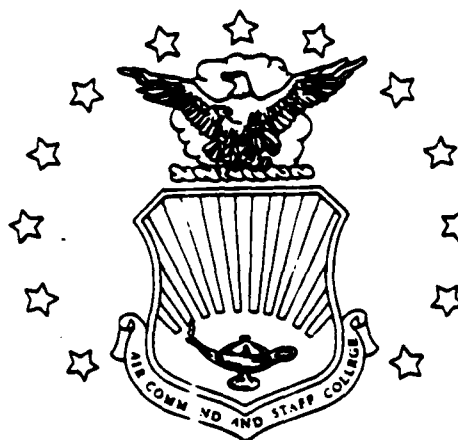
TABLES

TABLE 1--World War II Battlefield Stress Casualties.....	2
TABLE 2--Battlefield Stress Casualties in Recent American Wars.....	3

CHARTS

CHART 1--Projected Performance Degradation of Mechanized Infantry.....	5
CHART 2--Performance Decrement by Combat Activity for Mechanized Infantry.....	6
CHART 3--Stages of Stress.....	12
CHART 4--Combat Efficiency Over Time in World War II (Normandy, 1944).....	13

EXECUTIVE SUMMARY



Part of our College mission is distribution of the students' problem solving products to DoD sponsors and other interested agencies to enhance insight into contemporary, defense related issues. While the College has accepted this product as meeting academic requirements for graduation, the views and opinions expressed or implied are solely those of the author and should not be construed as carrying official sanction.

"insights into tomorrow"

REPORT NUMBER 87-1565

AUTHOR(S) MAJOR ROBERT M. LEON, JR., USA

TITLE BATTLEFIELD STRESS

I. Purpose. The purpose of this report is to systematically examine the history, definitions, causes, effects, prevention, and frontline treatment for battlefield stress.

II. Problem. The majority of the United States Army has no combat experience. In World War II, 23% of the U.S. Army casualties were not the result of physical wounds, but reactions to the rigors of battlefield stress. The implications to the next conventional, high intensity war in Europe are ominous. Already outnumbered and outgunned by its potential adversary in the European Theatre, the U.S. Army cannot afford to be psychologically unready to face the sudden shock and intensity of continuous combat. Significant time and money is spent to equip, maintain, and train the force with the weapons of modern twentieth century warfare, but until recent initiatives, little emphasis has been placed on preparing the soldier for the actual challenge of modern warfare. To offset the numerical advantage of our adversary, our soldiers must be prepared.

III. Data. Modern technology has increased, not reduced the dependence of soldiers on their comrades and leaders to provide the necessary moral support to withstand the rigors of the battlefield. Every soldier has a breaking point; however, leaders can influence how long it takes to reach that point.

IV. Conclusions. Battlefield stress is an inevitable part of modern warfare.

V. Recommendations. Leaders must be trained to anticipate the emergence of battlefield stress, understand its causes and remedies, and minimize its adverse impact on unit effectiveness.

CHAPTER ONE

What is battlefield stress?

Although battlefield stress has only been scientifically accepted and studied since World War I, descriptions of its effects appear throughout recorded military history. A concise history of battlefield stress in previous American Wars and a summarization of the Israeli experience with battlefield stress can be found in a report prepared by Major Robert Kreager in 1986. [19] It provides a history of the laborious process required for medical and command authorities to officially recognize and treat battlefield stress.

EVOLUTION

As American warfare has increased in lethality, duration of individual exposure, and intensity so has the emergence of battlefield stress.

A. REVOLUTIONARY WAR. Although no statistics exist to indicate the level of battlefield stress present in the Revolutionary War, evidence in the form of descriptions of its effects on soldiers indicates that it was present and had some impact. It was described as, "a fever which was produced by the sudden change in the manner of sleeping, living, etc. It was prevented, in many cases, by the person living for a few nights on a blanket before the fire." Warfare during the Revolutionary period was an on-and-off again proposition with significant interludes. Battles, except sieges such as Yorktown, were one-day events. The periods of deprivation experienced by soldiers, such as the winter at Valley Forge, were not much different than the harsh life of a frontiersman. [19:6]

B. CIVIL WAR. The first statistical evidence of battlefield stress in American military records occurred in the Civil War. William Hammond, the Surgeon General of the Union Army, described a condition he labeled "nostalgia" and treated by providing non-stressful work to keep them busy. The affliction had 5,213 cases in the first year of the war or an incidence of 2.34 per thousand troops. In the second year it increased to 3.3 per thousand soldiers. [19:6] Unfortunately, complete records do not exist to quantify the number of battlefield stress casualties as the war progressed or to isolate specific units for study. However, one can envision that it must have been considered a problem as evidenced by the data collection effort.

C. WORLD WAR I. U.S. Army experiences and attitudes toward battlefield stress in World War I were shaped by the British and French. Commanders and medical officers were surprised by the number and seriousness of the battlefield stress casualties that hostilities produced. The duration, intensity, and depersonalization of the War was different from previous warfare. Soldiers now were never completely out of danger as artillery dominated the battlefield. Modern weapons such as the machine guns, poison gas, and artillery inflicted casualties at great range, eliminating close contact with the enemy. While earlier wars were characterized by brief battles with periods of respite, soldiers were now forced to endure protracted periods of risk during the static trench warfare. It was during World War I that the problem of combat endurance emerged. [5:257; 7:273] As the length of exposure has increased, so has the lethality and abundance of weapons on the modern battlefield. [6:207-304] As John Keegan's Face of Battle vividly illustrates, the Battle of Agincourt [1415] lasted no more than a few hours, Waterloo [1815] was a one-day event, while the Battle of the Somme [1916] lasted some four and a half months. American battlefield stress casualties in World War I were low due to the late entry of the United States into the War and the ability to capitalize on the lessons learned by the British and French.

D. WORLD WAR II. The increased mechanization and pace of combat operations continued to increase the battlefield stress imposed on soldiers. The widespread use of aviation further depersonalized the conduct of war and increased the area of risk. [7:274] The U. S. Army system of individual replacement of casualties in units as opposed to a unit replacement system of entire organizations forced soldiers to endure the battlefield until wounded, killed, or a breakdown occurred. [5:263] As a result battlefield stress casualties were severe as Table One shows [15:VGT 3]:

THEATER OF OPERATIONS	TOTAL WOUNDED IN ACTION	HOSPITALIZED BATTLEFIELD STRESS PATIENTS	RATIO
EUROPEAN 1942-1945	476,041	160,939	3 TO 1
SOUTHWEST PACIFIC 1942-1945	71,931	79,889	1+ TO 1
TOTAL	547,972	240,828	2.3 TO 1

TABLE ONE: WORLD WAR II BATTLEFIELD STRESS CASUALTIES

Based on British experience in the European Theatre, front line treatment hospitals were used to treat casualties in a military environment to permit a quick return of the battlefield casualty to duty. This technique, combined with the less alien and primitive conditions found in Europe, resulted in a lower proportion of battlefield stress casualties in the European Theater than the Southwest Pacific. [20:479-480]

E. KOREAN WAR. The experience learned in World War II was applied in the Korean War. As a result of the responsive medical treatment available, the reduced intensity of the Korean War, and individual rotation system used to reduce the individual exposure of soldiers, fewer casualties were reported. However, the constant personnel turbulence weakened unit cohesiveness and discouraged individual aggressiveness. [5:262]

F. VIETNAM WAR. In Vietnam, the U.S. Army drew the distinction between combat fatigue and combat reaction. Combat reaction developed after a few hours or days of intense combat, while combat fatigue developed over weeks or months of periodic combat. [7:279] The unique conduct of a low intensity conflict, especially the Vietnam War with a fixed rotation policy, does not reflect the potential challenges of a high intensity conventional land war in Europe.

IMPLICATIONS

Except for World War II the United States has not been committed to a high intensity war where large numbers of battlefield stress casualties could be anticipated. The following chart compares the battlefield stress experience of the United States Army since accurate medical records were maintained [14:236; 19:6-16]:

<u>WAR [INTENSITY]</u>	<u>BATTLEFIELD STRESS CASES PER 1,000 SOLDIERS</u>	<u>BATTLEFIELD STRESS AS A % OF TOTAL EVACUATIONS</u>
WORLD WAR II [HIGH]	101	23 %
KOREAN WAR [MEDIUM]	37	6 %
VIETNAM [LOW]	12	5 %

TABLE TWO: BATTLEFIELD STRESS CASUALTIES IN RECENT AMERICAN WARS

DEFINITIONS

- A. **COMBAT or BATTLEFIELD STRESS:** Reaction of the mind or body to the extreme demands of combat. [17:9] The terms are used interchangeably by different authors. I have elected to always substitute the term battlefield in lieu of combat as the preferred term because stress is not just produced by actual combat. The mere presence of the soldier to the uncertainty and risk of the battlefield creates stress.
- B. **COMBAT or BATTLEFIELD ENDURANCE:** The ability to withstand the hardship, adversity, and stress of combat or the battlefield. [7:276; 19:374]
- C. **COMBAT EXHAUSTION or BATTLE FATIGUE:** A state of nervous exhaustion created by prolonged exposure to the stress of combat or the battlefield. A temporary condition that responds to a combination of relative safety, sleep, and relative physical comfort (food, shelter). [15: VGT 9B]
- D. **DISCONTINUITY:** A severe type of strain caused by rapid transition from a secure and comfortable environment to a combat zone. Common to air crews, it gives rise to the phrase, "periods of boredom interspersed with moments of pure fear." It may also be used to describe the stress created by the transition from peacetime garrison army to a committed army at war. [7:278]
- E. **COMBAT REACTION:** An adverse bodily response to the stimulus of combat or the battlefield after a few hours or days. Characterized in soldiers as a dazed wandering or sitting quietly doing nothing, unresponsive to events and people around them. [7:277]
- F. **SHELL SHOCK:** Early in World War I, symptoms of battlefield stress were mistakenly attributed to a soldier's close proximity to the concussion of an exploding shell. Later in the war, this excuse was still occasionally used as an excuse to pardon a "good fellow gone bad." [10:63]
- G. **PSYCHONEUROSIS, WAR or TRAUMATIC NEUROSIS:** A nervous disorder with no physical cause based on an emotional conflict. The inability of a soldier to deal with the demands of the battlefield, and his inability to accept that fact, may result in the manifestation of symptoms [ie. hysterical paralysis, tremors] that not only remove him from the battlefield but in the opinion of the soldier allow him to do so without loss of his self-respect. It is important to note the soldier is not pretending his symptoms, nor is he malingering. [11:67; 1:147]

CHAPTER TWO

What are the dominant factors that cause battlefield stress?

There is no universal solution to what causes battlefield stress or to what limit an individual or unit can be pushed. Battlefield stress varies soldier to soldier, unit to unit, situation to situation, and time to time. [7:336]

CAUSES OF BATTLEFIELD STRESS

There are numerous causes of battlefield stress that create a cumulative impact on soldiers and units. They include:

A. **FATIGUE.** Fatigue is a constant companion of soldiers in the field. It is caused by the combination of mental and physical exertion and the deprivation of sleep. [5:115] A survey of infantrymen in four different divisions in Italy during a relatively quiet period in April 1945 indicated that even during the best of times nearly one third of the soldiers averaged four hours or less of sleep out of each twenty-four hours while they were in the line. [13:77-78] As General Patton knew and said, "Fatigue makes cowards of us all". [4:110] U.S. Army studies have shown that fatigue causes a degradation in soldier performance of key battlefield tasks as illustrated in the following two charts: [16:1-8]

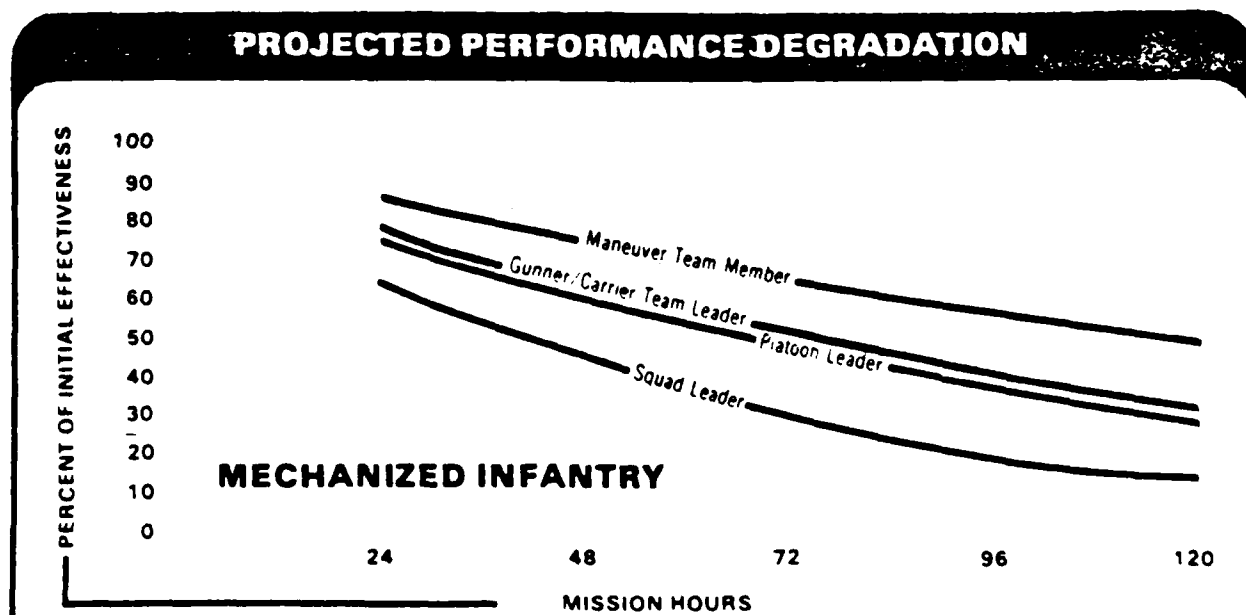


CHART ONE: PROJECTED PERFORMANCE DEGRADATION OF MECHANIZED INFANTRY

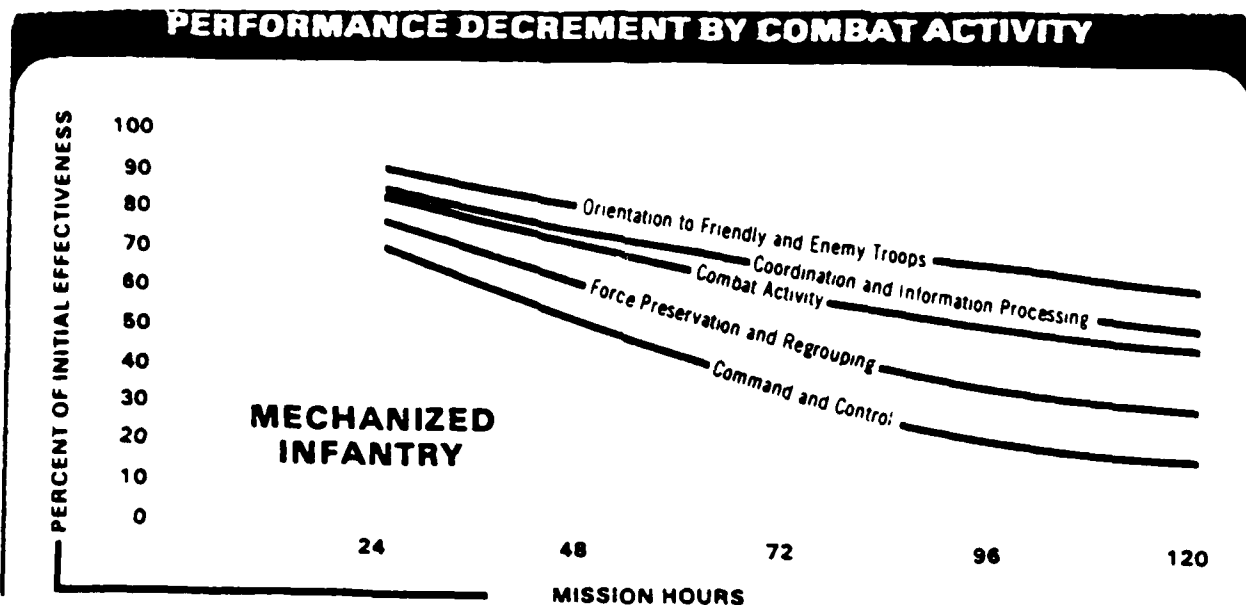


CHART TWO: PERFORMANCE DECREMENT BY COMBAT ACTIVITY FOR MECHANIZED INFANTRY

B. PHYSICAL DISCOMFORT. The life of a soldier in the field: exposure to cold, heat, and wet; constant dirtiness; and vermin wears a man's resistance down increasing his susceptibility to a mental, as well as physical, breakdown. [5:108] John Ellis, in his classic account of the World War II soldier, The Sharp End, provides haunting accounts from the soldiers themselves as they endured the misery of the battlefield. One illustrative account from the diary of Lieutenant Smith near Monte Cassino, Italy sums up the feelings of soldiers everywhere:

Time seems to have stopped; it is as if we have been condemned to live forever in a cold, damp hell on earth, each of us obtaining but meagre shelter behind rocks or in holes in the ground. Each night we pray that the following morning will bring a change in the weather, a respite from the rain and snow and the endless vigil that is never a quiet one as the whine and crump of the gun and mortar continue by day and night. As day succeeds day the anxiety about the next attack has changed into a desperate longing to do anything rather than sit here for ever undergoing an ordeal that tests minds and bodies alike [2:34]

As Henri Barbusse said, "Dampness rusts men like rifles, more slowly but more deeply".

C. SEPARATION. The separation of a soldier from home, family, friends, and women and the possibility that he may never see them again creates stress that may result in desertion, breakdown, or in extreme cases suicide. [5:79]

D. ISOLATION. The battlefield is the loneliest place in the world creating a strong need for company. [5:149] As the weapons of modern war become more lethal, greater dispersion is required to minimize their impact exacerbating the soldier's feeling of isolation. [5:158]

E. FEAR. The threat to life, limb, and health versus the obligation to perform one's duty creates an inner conflict that can lead to breakdown. [5:203]

F. DEPRIVATION OF SEXUAL CONTACT. Sexual contact provides security, a feeling of value, a release for pent up emotion to include stress and in many cases a feeling of masculinity. Unfortunately this emotional reinforcement is usually denied the soldier.

G. LACK OF PRIVACY. Soldiers must eat, sleep, live, and often fight in communal facilities. [13:77]

H. LOSS OF COMRADES. The experience of watching others suffer and die makes a significant contribution towards the strain of the battlefield. [5:203] Data collected in World War II indicated a high correlation in units where soldiers saw close friends killed or wounded and later saw men crack up. [13:80] Unburied and exhumed, partially decomposed dead often confront the living serving as a vivid reminder of a soldier's own mortality. [5:179]

I. UNCERTAINTY. Rumors constantly inflate and deflate the expectations of soldiers. [5:150] Soldiers, even in this age of modern communication and information, seldom get the "big picture" or even the basic information that makes a man feel he is aware of what is going on around him. Rumors become important psychological outlets to release tension and fill the void created in the absence of actual information. In the Falklands War as the 45th Commando Regiment was crossing the Falklands to attack the "Argies" a great cry of excitement went up as the word passed along the column that, "Galtieri's dead - the Argies have surrendered." It was only later the source of the rumor was traced back to the initial message, "Air-raid warning red". [5:150] The constant uncertainty of war, especially if a man is not given some sort of individual goal short of the end of the war [ie. a one year combat tour, rotation point system, performance of twenty-five combat missions], creates a sense of hopelessness. Stouffer's comprehensive study of the American soldier in World War II indicates that men concluded there would be no relief until they were "hit" or "broke". As one infantryman said, "You give up. You feel that you'll never get back anyway. You just try to postpone it as long as possible. You think your'e living on borrowed time after a while." [13:88-90] Finally as General Omar Bradley himself said,

The rifleman fights without promise of either reward or relief. Behind every river there's another hill-and behind that hill, another river. After weeks or months in the line only a wound can offer him the comfort of safety, shelter and a bed. Those who are left to fight, fight on, evading death but knowing that with each

day of evasion they have exhausted one more chance for survival. Sooner or later, unless victory comes this chase must end on the litter or in the grave. [2:45]

J. DISORGANIZATION. The theories and discipline of training seldom hold up under the pressure produced by enemy fire in the fog and friction of war. [5:172]

K. PACE OF OPERATIONS. The Soviet strategy calls for continuous day and night operations until NATO forces are defeated. [16:1-2] U.S. Army AIRLAND strategy emphasizes capturing the initiative on the battlefield by getting inside the decision cycle of the Soviet commanders. The need for instantaneous decisions and immediate action despite the surrounding disorganization will place increasing stress on leaders at every level. The lethality of modern weapons and the overwhelming numerical advantage of the Warsaw Pact forces will create a very unforgiving battlefield. [18:22-25]

L. VALUE CONFLICTS. Previously accepted and ingrained moral codes against killing in the American culture conflict with duty and the need to survive. As S.L.A. Marshall points out in Men Against Fire the American soldier is,

What his home, his religion, his schooling, and the moral code and ideals of his society have made him. The Army cannot unmake him. . This is his great handicap when he enters combat. It stays his trigger finger even though he is hardly conscious that it is a restraint upon him. Because it is an emotional and not an intellectual handicap, it is not removable by intellectual reasoning such as: Kill or be killed.

According to Marshall, the fear of killing and not the fear of being killed was the common cause of battle failure among combat fatigue cases in the World War II European Theater. A fear of failure, especially among leaders, ran a strong second. The unwillingness of soldiers to kill the enemy when offered an easy opportunity, especially when the enemy presented no immediate threat, was not uncommon. [8:78-79] In World War I truces or unwritten rules against "unscheduled" offensive action between trench lines often occurred until senior commanders directly intervened in fear this attitude might undermine combat efficiency. The formal requirements of the military [regulations, orders] may also create conflicts with the informal code of conduct within the unit [i.e. looting, fragging, smoking dope, etc.]. [7:272] Soldiers may be forced to choose between loyalty to comrades or group acceptance and what they know to be morally right or militarily correct. An obligation to family [real or imagined] versus military responsibility poses a serious threat in Europe where thousands of military dependents live in what could become an overnight battlefield. Although plans exist and are partially practiced to evacuate the dependents, soldiers and dependents alike have low confidence in the system.

M. DEPENDENCE ON TECHNOLOGY. The failure of a soldiers' own "wonder weapons" to live up to expectations or an unexpected appearance of the enemy's own "bogey or wonder weapons" can be devastating to the individual and the unit. [5:227] Since part of the solution to the NATO/WARSAW PACT imbalance of forces is the belief in the superiority of our own advanced weapons, the realization or rumor alone of the failure of the TOW anti-tank missile on the battlefield could easily result in mass panic or resignation to defeat.

N. DEPERSONALIZATION. The apparent low value placed on human life when compared to the demands of mission accomplishment can alienate the soldier and result in a feeling of hopelessness. Soldiers commonly felt "nobody gives a damn about us" especially when forced to comply with capricious arbitrary, or insensitive acts by higher headquarters. [13:87]

O. BOREDOM AND RESTRICTION. The anxiety of waiting to go into action or the enforced confinement dictated by the military situation weigh heavily on the individual. Many soldiers, seduced by the seemingly endless, decisive action "experienced" in films, war stories, and now television, are unprepared for the reality of war. Conditioned by training that almost always ends for the weekend, they are unprepared for the extended demands of a long campaign.

P. POLITICAL CONSTRAINTS. The requirement to comply with political directions often compounds the stress factors already identified, especially on leaders. Restrictions placed on the application of firepower [air and artillery] on ground targets in Vietnam is an example. More recently emphasis placed on reduction of collateral civilian damage in Grenada and Libya illustrates the increasing ability and willingness of political leaders and senior officers to dictate the actual conduct of the battle to subordinate leaders that must execute the mission under close scrutiny. While a high intensity war in Europe would make it impossible to continue this trend towards centralized "management" of forces in the field, a whole generation of military officers has developed conditioned to the realization that their every decision is open review and censure.

Q. UNCONVENTIONAL WARFARE. Soldiers may be required to operate for protracted periods while exposed to nuclear, biological, or chemical weapons. The mere possibility that the enemy may use these weapons creates increased stress. [17:1-12]

INDIVIDUAL BATTLEFIELD STRESS SUSCEPTIBILITY

The causes of battlefield stress enumerated above reflect mostly the external environmental forces at work on the individual. That is only half of the equation. Each soldier brings with him a unique psychological make up that

will help determine his resistance to the demands of the battlefield. Disagreement exists as to whether a criteria exists to identify individuals most susceptible to becoming a battlefield stress casualty. According to S.L.A. Marshall's numerous interviews with company commanders during and after World War II no type of training prior to actual battle would have signaled who would fail and who would succeed. Discipline and "perfection in drill" also were not meaningful indicators. Men who failed miserably in training due to laziness and unruliness often emerged as leaders when "the chips were down". Marshall's conclusions conflict directly with Major General J.F.C. Fuller's philosophy that loyalty and obedience are key to predicting the response of soldiers to battle. [8:60] It also conflicts with the experience of the Israeli Army which has developed a composite profile of the individual most likely to become a battlefield stress casualty. [7:277]

CHAPTER THREE

What are the individual and collective reactions to battlefield stress?

So far we have seen that the incidence of battlefield stress casualties is a function of the soldier and the negative forces that impact on him. In this chapter we shall examine how soldiers and units react to the stress of the battlefield.

THEORIES OF BATTLEFIELD STRESS BREAKDOWN

A number of different theories exist to explain the process that produces a battlefield stress casualty, however, the following two theories form the basis of contemporary U. S. Army thought:

- A. LORD MORAN: "A man's courage can be compared to his bank account. A man's courage is his capital and he is always spending. The call on the bank may be only the daily drain of the front line or it may be a sudden draft which threatens to close the account." There is general agreement that this "well of courage" theory is partially correct and that every man has a limit to what he can endure. [5:213] For Moran, courage was will-power and to a certain extent leadership determined how fast a soldier's will-power was consumed.

- B. S. L. A. MARSHALL: The central theme of Marshall's influential 1947 book, Men AGAINST FIRE, which is based on the author's detailed study of small unit actions in World War II, is that even among well-trained and campaign-seasoned troops only 25% of the soldiers ever fired their weapons in any engagement. [8:50] Marshall states, "what is needed in battle is more and better fire" from the participating soldiers. He reasons, "that the battlefield is the lonesomeness place which men share together" and that it is the human contact or support from other soldiers which gives men courage and enables them to make effective use of their weapons. [8:41-44] As J. F. C. Fuller wrote based on his World War I experiences, "in an attack half of the men on a firing line are in terror and the other half unnerved". Marshall reinforced this with his World War II findings, "when the infantryman's mind is gripped by fear, his body is captured by inertia which is fear's Siamese twin". [8:71] Marshall believed the

American soldier was handicapped by an emotional mental block against killing that is imprinted from birth by our culture. Society, religion, schooling, and his home conspire together to create a fear of aggression and killing. As a result, when confronted with the reality of war, many soldiers are unable to use their weapons. There are numerous recorded instances where fully exposed enemy soldiers not posing a direct threat were ignored or intentionally fired upon and missed. The common attitude: "let 'em go, we'll get 'em some other time", was a reaction to this battlefield stress. [8:77] According to Marshall, based on studies by Army Medical Corps psychiatrists in World War II, the fear of killing was the most common cause of battle fatigue in the individual. Fear of failure ran a strong second. [8:78] Marshall felt the only solution to overcoming fear was the feeling of physical support generated by another soldier or leader. If the group [fire team, crew, or squad] or leader could get the individual to take any type of positive action, such as digging a foxhole, administering first aid, etc., it would be the first step towards becoming an effective soldier. Any positive action was a steadying force. [8:71]

BATTLEFIELD STRESS ENDURANCE MODELS

Several endurance or efficiency models have been developed which depict the stress stages and average limits a soldier can expect to achieve:

A. Chart number three from U.S. Army Field Manual 26-2 shows the usual response pattern of a soldier reacting to battlefield stress: [17:5]

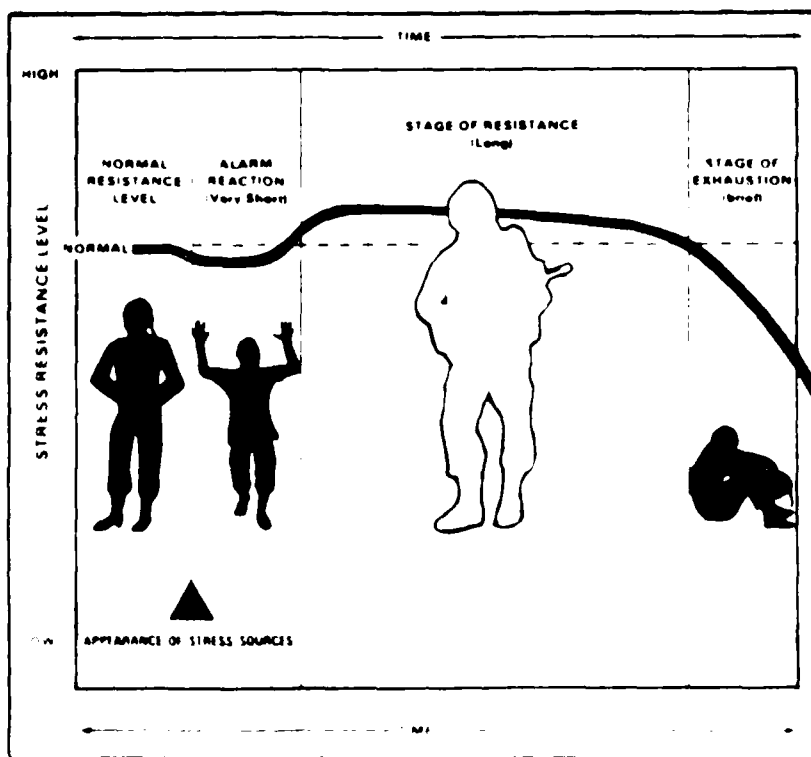


CHART THREE: STAGES OF STRESS

B. Chart number four is based on a study of Allied soldiers in Normandy in 1944: [5:214]

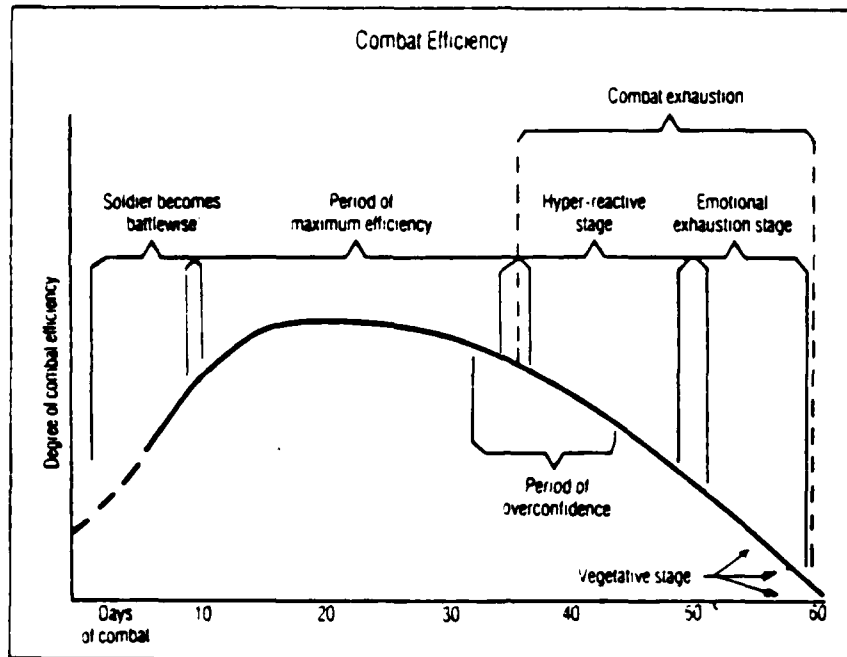


CHART FOUR: COMBAT EFFICIENCY OVER TIME IN WORLD WAR II [Normandy 1944]

The value of these models is subject to wide controversy. While differences in situations and individuals may increase or decrease the amount of time a soldier is capable of enduring battlefield stress, it is important for leaders to recognize the pattern of performance he can expect his soldiers to follow. This provides the leader with the danger signals of pending disintegration, permitting time, again situation dependent, to take some sort of preventative action.

COPING MECHANISMS

Soldiers consciously and unconsciously adopt a wide variety of techniques to react to the stress of the battlefield:

A. ESCAPE MECHANISMS.

- [1] Sleep. The pace of sustained operations requires soldiers to go without sleep. However, even among fully rested soldiers there have been instances where entire units have drifted off to sleep as an escape reaction to stress. On D-Day entire plane loads of parachutists had to be roused from a deep sleep.

- [2] Non-participation. Overcoming the paralysis produced by hostile fire is not easy, for as Marshall proved, few American infantryman actually fired their weapons in battle. [5:325] Individually or collectively leaving the field of battle by running away is one reaction to battlefield stress. Panic is usually caused by a misinterpreted act or order, like a limited withdrawal, followed by a sudden shock such as a barrage.[5:225] During World War II Marshall personally investigated seven documented cases of unit panic. In each case a legitimate local withdrawal by a single or few soldiers [evacuate a casualty, resupply] was misinterpreted in the fog and friction of war by a larger group that did not know the reason for the act. Although in each case leaders eventually restored control, they could have avoided the incident by making sure adjacent and subordinate leaders were kept informed. In World War I it is important to note that every major participating Western nation, except the United States which entered the war comparably late, experienced a mass mutiny at some point in which its soldiers refused or could not go on. The French [May 1917], Russian [July 1917], Italian [November 1917], British [March 1918], and German [October 1918] Armies collapsed as its soldiers were unwilling to continue to accept the high casualties. According to John Keegan in the Face of Battle each breakdown occurred soon after the total number of deaths suffered by each Army equalled the number of fighting soldiers in each division. [6:271] In World War II similar collapses would occur on the Eastern Front and by the French Army. American armies came perilously close to similar failures in World War II and the Korean Conflict. In Vietnam, according to some of the current historians, the American Army degenerated dangerously close to a mutinous rabble.
- [3] Wounds. A comfortable wound was considered an act of God and terminated all moral obligation to go on. [6:270] For many soldiers it was the only "honorable" escape from the battlefield. Soldiers prayed for the "million dollar wound" that would get them home with little or no pain and no lasting affects. When Private Finch was wounded in Italy by a ricocheting machine-gun bullet that neatly took a lump out of a finger, one of his mates reflected the typical soldier's attitude exclaimed, "Christ, look at that you lucky bastard! I've been looking for one of those for three years". [2:208]
- [4] Self-inflicted wounds. Instances of self-inflicted wounds before the advent of modern, battlefield medicine and especially antiseptics was unknown. [6:270] However, in World War I and II some soldiers intentionally gave themselves that desirable wound, usually by putting a round through their foot or shooting off a finger. Official figures are sketchy and no doubt many self-inflicted wounds went undetected or unreported. [2:208]

- [5] Suicide. Suicide is an extreme form of escape but for many soldiers, especially leaders, it offers the only "honorable" escape. [5:233]
- [6] Drugs and alcohol. Drugs and alcohol are time-honored devices to mitigate the affect of stress and were used widely even in the American Army. The traditional British rum ration issue was matched in the American Army through unofficial sources: trading, looting, black market purchases, and if all else failed making it yourself. Alcohol and drugs helped nervous men to sleep, fortified the soldier often exposed to harsh weather, reduced the boredom and loneliness, and helped mitigate fear and anticipation. For centuries soldiers have been given alcohol before "going over the top". Keegan's vivid descriptions of the battles of Agincourt, Waterloo, and the Somme all involved alcohol as a natural preparation for battle. [6] Communal drinking by soldiers has always been an important part of the process of bonding and developing cohesion. Although over regulated, unit parties and celebrations are still recognized as important to unit morale. Amphetamines, benzedrine and dexedrine, were widely used in World War II and as recent as Vietnam to keep soldiers awake. Cigarettes were also vital to morale.
- B. DENIAL MECHANISMS. Many soldiers use denial, the conviction that nothing will harm them, to handle the pressure. However, denial is a fragile "armor", easily destroyed. [5:234]
- [1] Fatalism. Many soldiers, especially veterans, adopt a fatalistic resignation about combat: "If the bullet has your name on it, you can just forget it". [5:240] This attitude is easy to understand considering the randomness and chance of the modern battlefield.
- [2] Superstition. Historically soldiers have believed in luck and collected lucky talismans [coins, charms, etc.] or followed special rituals to ward off the randomness of death. Many times a shell fragment from a near miss or some other souvenir from a particular action will be imbued with special magical properties. There can come a moment when the valued item is lost or misplaced, resulting in a premonition of death. This type of prediction can serve to reinforce the belief in luck or magic among his peers, and as it has been said, "corpses never complain that their magic did not work". [5:239]
- [3] Religion. Soldiers readily use religion, prayer, and spiritual beliefs as a denial mechanism. The old adage that there are no atheists in foxholes has some validity. [5:242]
- [4] Humor. Humor helps relieve the built up tension. [5:243] Often soldiers joke about what scares them the most. Memoirs abound

with stories about soldiers shaking hands with the protruding arm or hand of a partially buried corpse. A wounded soldier in Vietnam remarked, "If he puts another goddam tube in my chest I'm taking my business elsewhere." [5:244]

- [5] Distraction. Hard work, military ritual, and bull sessions have therapeutic value as they get the individual to focus away from the causes of stress.
- C. AGGRESSION. A bombardment or shelling creates intense helplessness and stress. [5:231] Aggression, to neutralize the danger and escape the anxiety of inactivity is often a welcome release.
- D. HATE. Stouffer's study of American soldiers in World War II indicated that hatred towards the enemy was not an important battlefield motivator. This is not surprising since, unlike the Russians, the War was not fought on home ground. Vindictiveness towards the enemy actually decreased with battlefield experience. Personal vendettas toward the enemy after seeing a buddy killed were temporary reactions. [13:159]
- E. IDEOLOGY. An intellectual and/or an emotional belief in a cause, mission, or purpose can reinforce and sustain an individual against the strain of the battlefield. The most interesting dependence on ideology is in the Soviet Army. In The Antagonists, Richard Gabriel analyses the role of ideology in creating unit cohesion. For the Soviet Army military cohesion is based on the proposition that the Soviet society has created a new "Socialist Man" who is motivated by an understanding and appreciation for the doctrine of Marxist-Leninism. [3:135] Despite the use of Communist ideology, Gabriel concludes that the Russian Army traditionally seems to fight best when there is a clear threat to or invasion of the Russian homeland and when the more traditional bonds of family, religion, ethnicity, and nationalism are permitted to surface. [3:9] Ideology is not an important factor in motivating the American soldier and is not likely to contribute towards reduction of battlefield stress. [3:136]
- F. GROUP SUPPORT and COHESION. History has shown time and again that superior technology, technical expertise, and numbers can mean very little to the outcome on the battlefield if fighting units do not possess group cohesion. German combat units in World War II held together under severe combat stress largely because of internal, small unit loyalties. [3:4] S. L. A. Marshall, John Keegan, Richard Gabriel, and Samuel Stouffer's comprehensive study of the American soldier in World War II have all reached the similar conclusion that the American soldier stays and fights when all his senses, intellect, and instincts tell him to flee out of loyalty to his immediate fellow soldiers. The shared experience and hardships of the battlefield, and to a lesser degree pre-battlefield training, bond men together creating a feeling of mutual responsibility and

attachment to the unit. This feeling can be stronger and more important than the individual's own need to survive. The importance of unit cohesion has been accepted by the American, British, German, and Israeli Army as the single most valid explanation to the question, "Why do men fight?". Although this strong process of unit cohesion is most commonly found at the squad or crew level it can exist up to company and occasionally battalion level if soldiers believe their leaders truly care for their welfare and are prepared to expose themselves to the same risks and hardships to which they are exposed. [3:5] Soldiers felt safer with their own units. As a wounded American veteran said, "The fellows don't want to leave when they're sick. They're afraid to leave their own men-the men they know. Your own outfit-they're the men you have confidence in. It gives you more guts to be with them." [13:143]

REACTIONS

Soldiers experience several key reactions to the battlefield:

- A. **PREBATTLE ANTICIPATION.** All men are apprehensive before their first action. The fear of being a coward is often a stronger sensation than for one's safety. [5:139] As a soldier's experience grows, he is reminded of his own mortality. [5:198] Few battle experiences live up to the fantasies that preceded that first action. [5:137] Fear of being a coward is replaced by a fear of being crippled and/or disfigured for life. [5:182,206]
- B. **WOUNDED.** The care of the wounded often takes priority over continuation of the battle. [5:195] Some wounded soldiers kill themselves or are killed by their comrades. [5:187] Endorphins are released by the adrenal glands during stress acting as natural pain-killers. The massive stimulus of a wound to the body frequently causes the brain to suppress the pain. [5:185]
- C. **DEATH.** The first sight of a corpse comes as a shock. [5:177] Most soldiers grow accustomed to the sight of so much death but continue to be shaken by a badly wounded man. [5:180]
- D. **FEAR.** Many soldiers develop an illogical hierarchy of fear. [5:208] Fear is the critical key to understanding the cause of war neurosis; the danger of being killed or maimed imposes a stress so great that it causes men to breakdown. [7:275] The ability to master fear evolves during the soldier's exposure to battle. [7:213]

The definitions, causes, and reactions discussed so far have strictly applied to men only. The capabilities of women on the battlefield is a significant unknown facing the U.S. Army. [5:101] John Laffin in his book, Women in Battle, arrived at the conclusion of most western armies, "A woman's place

should be in the bed and not the battlefield, in crinoline or Terylene rather than a battledress, wheeling a pram rather than driving a tank". [5:105]

SIGNS OF A BATTLEFIELD STRESS CASUALTY

There are numerous signs associated with battlefield stress that signal the leader that a potential individual or unit crisis is developing. The emergence of one, or even several symptoms may not be significant. Leaders must watch their soldier's carefully to look for changes in attitude and behavior. Likewise they must also be attuned to themselves, to verify they are also bearing up to the strain. Appendix A lists the signs of stress we can recognize in ourselves. [17:55-57] Appendix B lists the recognizable signs of stress in others. [17:58-59] Appendix C lists the signs of stress in the unit. [17:60-61]

CHAPTER FOUR

What preventive measures can a leader take to increase individual and unit resistance to battlefield stress?

Leaders must take the same [or more] care and time to prepare their soldiers for the battlefield than they currently spend on their equipment. Without this preparation, the best equipment in the world will not be enough to withstand the increased stress of modern war.

PREVENTATIVE MEASURES

There are a number of preventive measures the small unit leader can implement to increase individual soldier and unit resistance to the effects of battlefield stress:

A. Provide realistic combat training. Although the value of realistic combat training is disputed by some who suggest "the only really effective combat training is received on the battlefield itself." [13] The Soviets attach great importance to realistic training to include the acceptance of casualties. [3] Tough training has the additional advantage of bonding soldiers together as they experience "the rights of passage." [5:56] In this regard, basic training and the qualities of the initial instructors have a disproportionate impact on soldiers throughout their military service. [5:45] Soldiers should be cross trained and overtrained so that basic, key tasks can be reliably performed under stress and while fatigued.

B. Build self-confidence in the individual, equipment, and the unit. Since many soldiers in combat will not fire, it is important for leaders to identify these men and to take positive action to encourage them to take some positive action, however limited at first [ie. administer first aid], to develop the individual's confidence. The soldier must not feel he is an irrevocable failure who can not measure up to the challenge. Even if the soldier fires randomly without taking proper aim, it is often better than being unable to fire at all. As Marshall concluded, "Better to have a company of trigger-happy soldiers than a company which lacks the will to use its weapons." Success in war can become a great incentive in subduing fear, just as defeat can infect and demoralize a unit. [10:78]

C. Build individual responsibility and a sense of duty. Patriotism, belief in war aims, and ideology can have a role in preparing soldiers for battle and lend meaning to their sacrifice. [5:276] However, soldiers have traditionally worried more about what their comrades in arms would think of them and survival than about politics. [5:286] As a combat veteran answered when asked, "What we are fighting for, ask any dogface on the line. You're fighting for your skin on the line. When I enlisted I was patriotic as all hell. There's no patriotism on the line. He ain't fighting for patriotism". [13:169] Many professional soldiers initially have a natural curiosity about their calling. [5:287] As a result of this curiosity [and maybe careerism] a keen competition to be part of the unit to be "committed" may emerge. The disappointment of the one brigade in the 82nd Division not deployed to Grenada or the British units not selected for the Falklands War are legendary and may lower morale. All armies have imposed some sort of oath on soldiers with significant effects. [5:32] Personal honor is often more valued by the individual than life itself. [5:302]

D. Provide strong, credible leadership.

[1] Know your soldiers. Identify those soldiers who need special attention. Encourage the pairings of weak and stronger soldiers together in the same crew, squad, foxhole, etc. [8:75] Man is a gregarious animal who needs comradeship. Leaders must establish a direct interpersonal relationship with each soldier. [3:146] The soldier must never feel his leaders will not look out for his interests. [8:141] Unfortunately statistics indicate that most American soldiers [52%] feel they could not count on their leaders while another quarter [20%] were unsure. [3:146] The vital bond of trust between leader and soldier must be established.

[2] Recognize and reward. Whatever men say in public about decorations, in private they take great satisfaction in their receipt or secretly long for them. [5:358] Great care must be taken to prevent their debasement. Vietnam and more recently the Grenada Invasion [Rescue?] have jeopardized the integrity of the Army's award program and the officer corps. Over one million awards for bravery were authorized during the Vietnam War and more awards than participants were distributed after Grenada for what was essentially a three day campaign of limited intensity. [5:356]

[3] Be fair and equitable. Spread the risks consistent with mission requirements. While front line soldiers have a very tolerant attitude towards display of fear and weakness among their peers, they expect their leaders not to give in to those who try to evade their responsibilities. As one soldier said, "The worst thing a soldier can have is to see other guys dropping out. Sticking together is the important thing--with someone in command to push them along--everybody's afraid". [13:136] Compulsion, the fear of punishment, has always been an important agent in forcing men to fight. Every army has some form of battle police to enforce discipline and collect

stragglers. [6:324] A senior non-commissioned officer has usually been positioned at the rear of each unit to stop any panic and collect stragglers. Leaders must enforce discipline by one means or another. As Lord Moran said in his book, Anatomy of Courage, "Discipline, control from without, can only be relaxed safely when it is replaced by something higher and better, control from within. If discipline is relaxed when it has not been replaced by a high morale, you get a mob who will obey their own primitive instincts like animals".

[4] Set the example. The suppression of the symptoms of fear by leaders can persuade others, by example alone, to overcome their own fears. [5:207] Men often link their own performance to their officers in a process called modeling. [5:322; 7:307] It is a fundamental truth that a military leader will not succeed in battle unless he is prepared to lead from the front and to accept the risks in doing so. [5:341] The dilemma for the leader is when to exercise this personal example on the battlefield. Marshall concludes that soldiers expect their officers to work and move with them but do not expect or want them to act as "mechanical rabbits teasing the hounds." Marshall advises, "In extreme emergencies, when the stakes are high and the failure of others to act has made the need imperative, such acts [leading the attack, removing mines, etc.] are warranted. But their value lies largely in their novelty". [8:187] In combat the leader is required to make instant decisions with imperfect information. The tradition of "Follow Me" instilled in infantry leaders will naturally emerge in situations of fatigue, doubt, and danger. One of the bitter legacies of the rampant centralization of authority and responsibility within the U. S. Army may be an unwillingness of soldiers to perform any combat task by himself. In training and especially training evaluations basic tasks are often executed by the officer himself. After all, the evaluation score, and therefore the officer's career, are too important to trust to a mere soldier or increasingly even a non-commissioned officer. Leaders must be taught to delegate and intervene only in the most critical situations. Leaders must establish credibility with their soldiers and may have to periodically reprove themselves, but they cannot demonstrate themselves at every situation.

[5] Keep everyone informed. Lack of information encourages isolation and causes a lack of perspective of the larger mission. Confront rumors, try not to let the level of expectation outreach reality. [5:150] Soldiers are desperate for any information and especially anything that lends meaning or significance to their efforts and the sacrifice of comrades.

- E. Select only those individuals strong enough to cope with the stress of the battlefield. Substantial effort has been taken to identify those individuals unfit to face the rigors of the battlefield. Potential and serving soldiers have been administered psychological tests and examinations to determine if some sort of personality

disorder exists which would make them especially susceptible to battlefield stress. During World War II company commanders told S. L. A. Marshall that no feature of the training process prior to actual combat enabled them to predict reliably which of his men, "would carry the fight for him and which would simply go along for the ride." Discipline and perfection in drill were not the key. [8:60] Marshall's findings conflict directly with the traditional military view exposed by such authorities as J. F. C. Fuller that the traits of loyalty and obedience are accurate predictors of the soldier's performance on the battlefield.

F. Train soldiers to anticipate, recognize, and cope with battlefield stress.

[1] Hard work can prevent time for introspection and mitigate feelings of helplessness while also contributing to the combat effectiveness or readiness of the unit. [5:234] As Thomas Hardy said, "More life may trickle out of men through thought than through a gaping wound". The benefits of repetitive battle drills, instilled values, and ingrained standardized operating procedures as a coping mechanism can be valuable [5:36] However, in the fog and friction of war situations on the battlefield seldom resemble the practiced situations of the practice field. Flexibility must be encouraged in training by avoiding the rigid "school solution", abandoning maneuvers such as "Reforger" that are run with precise scripts, and dependent on "published" scenarios.

[2] Debrief the unit after every action, if time and situation permit, to reconstruct events to determine what happened at every level. Let individual feelings be expressed and discussed by the group, and capture any lessons learned.

[3] Soldiers and leaders should be thoroughly briefed about battlefield stress and fear, implying that both are natural reactions and incur no disgrace. [5:207] A climate in which fear cannot be discussed is counterproductive. As Clausewitz said, "It is of the first importance that the soldier, high or low, should not have to encounter in war things which, seen for the first time, set him in terror or perplexity."

[4] Food and drink, especially hot, can fortify the individual. Cigarettes have also been a traditional tool in the U.S. Army to ease stress.

[5] Art, literature, photographs, television, and film can be used to shape the soldiers preconceptions of the battlefield. [5:57] Relatives and combat veterans can provide an unhealthy, slanted recollection of the battlefield. [5:69]

[6] Drugs and alcohol have traditionally been used by soldiers to make unbearable conditions more tolerable. [5:245] Although actively

discouraged by the U.S. Army, they were used extensively in World War II and Vietnam. During periods of temporary stand down or rest a good communal drunk can serve as a release and improve unit cohesiveness.

F. Develop physical fitness.

[1] Resiliency. Strengthen the ability of soldiers to bounce back from exhaustion. [16:2-10]

[2] Stamina. Soldiers must develop aerobic fitness to increase their work capacity. [16:2-11]

[3] Strength. Soldiers must develop upper body strength in addition to aerobic fitness.

G. Practice effective soldier conservation:

[1] Practice pacing. Execute the mission at the slowest pace possible, conserving people resources for future requirements.

[2] Rotate/share tasks. Casualties and fatigue dictate the requirement to alternate tasks to permit rest whenever the mission and situation allows. Although beyond the control of the small unit leader, an individual or unit rotation system is imperative. In World War II the U. S. Army used an individual replacement system creating a feeling of hopelessness among front line soldiers that contributed to the high incidence of battlefield stress casualties. Once assigned a soldier could only expect death, injury, or final victory as an outcome. Late in the war, in select units a rotation system based on a point system offered some renewed hope. In Korea and Vietnam soldiers were rotated out of the combat area after established periods of service. This system can result in a degradation of cohesiveness, as units experience constant personnel turnover. Individuals also naturally begin to anticipate their scheduled rotation with a natural unwillingness to take risks. A rotation system is also manpower intensive requiring a constant stream of trained replacements. In a conventional war the small size of the current Army, large potential size of the enemy, slow mobilization capability, and intensity of operations may preclude any type of Theatre rotation system. However, commanders at lower levels may be able to alternate units between high and less intense areas to offer some sort of respite. [5:263]

[3] Cross-check significant functions. Key decisions and calculations should be double-checked whenever possible once leaders and soldiers are fatigued.

[4] Delegate responsibility. Leaders cannot take on added burdens and accomplish their own responsibilities.

[5] Establish and enforce a sleep plan. Without sleep no individual or unit can remain combat effective for very long.

H. Build unit cohesion, esprit, and morale. There is no doubt that morale and esprit based on small unit cohesiveness is the critical equation in understanding how soldiers continue to function in the face of fear and privation. [5:299] Sports can be used to build teamwork, recreate stress, develop aggressiveness, and build cohesion. [5:234] War cries, mottos, and music are time-honored means of boosting one's own morale. [5:164] Comradeship can become stronger than fear of death itself. [5:300] Regimental history, traditions, uniforms, and loyalty serves as a mechanism to instill values. [5:313] Some sort of funeral or ceremony helps to camouflage the randomness and capriciousness of death.

CHAPTER FIVE

What is the most effective treatment for a battlefield casualty prior to medical evacuation?

Once a soldier displays the symptoms of battlefield stress, a leader must take positive action to prevent continued degradation and subsequent medical evacuation. Based on experience, once evacuated, battlefield stress casualties should be treated with respect, remain under military discipline as close to the front lines as possible, and be encouraged from the onset to return as quickly as possible to their respective units. [5:259] Only in extreme cases should the casualty be sedated.

EVACUATION GUIDELINES

U.S. Army evacuation guidelines for unit leaders divide emerging potential battlefield stress casualties into three categories or degrees of battle fatigue. The term battle fatigue is used to emphasize that battlefield stress is the natural result of exposure to the heavy mental/emotional rigors of the battlefield and not a medical or psychiatric illness. Like physical fatigue, it is an easily recoverable condition. It is important that no adverse stigma be associated with the condition. The three categories are [15:VGT 13-15, 25A-25C]:

A. Mild.

- [1] Common, normal, uncomfortable, but soldier remains effective.
- [2] Soldier is not an unacceptable risk or burden to the unit in a tactical situation.

B. Moderate.

- [1] Soldier is too much of a risk or burden to stay with his own unit at this time because of the current tactical mission.
- [2] Soldier is not too dangerous or disruptive for a unit with a less demanding mission [i.e., unit logistic trains].
- [3] Soldier does not require urgent medical evacuation.

[4] Current unit cannot provide a sufficiently safe, stable environment for rest and replenishment.

C. Severe.

[1] Soldier is too dangerous, disruptive, or burdensome to keep in current unit or any available non-medical support unit.

[2] Soldier's symptoms could be due to physical condition (i.e., head or spine injury) requiring medical treatment.

Disposition of a battlefield stress casualty is dependent on the applied categorization (15:VGT 13-15, 25A-25C):

A. Mild. Retain soldier in unit. Provide as much sleep and safety as mission and situation will allow. Pair up with a stronger individual and allow the affected soldier to ventilate (talk out) his fears and frustrations.

B. Moderate. First Sergeant finds the soldier a temporary place to rest, recover, and work on the combat or field trains for one to three days. The First Sergeant returns the soldier to his unit when he recovers or evacuates him to a medical unit. Contact with the unit is maintained and the soldier is encouraged to return to his unit without any stigma or prejudice.

C. Severe. Evacuate the soldier to the medical unit providing local support. If the situation permits, unit leaders and/or buddies should visit the soldier.

BIBLIOGRAPHY

A. References Cited

Books

1. Ahrenfeldt, Robert H. Psychiatry in the British Army in the Second World War. New York: Columbia University Press, 1958.
2. Ellis, John. The Sharp End, The Fighting Man in World War II. New York: Charles Scribner's Sons, 1980.
3. Gabriel, Richard A. The Antagonists. Westport, Connecticut: Greenwood Press, 1984.
4. Heint, Robert. Dictionary of Military and Naval Quotations. Annapolis, Maryland: United States Naval Institute, 1984.
5. Holmes, Richard. Acts of War. New York: The Free Press, Macmillan, Inc., 1985.
6. Keegan, John. The Face of Battle. New York: Viking Press, 1976.
7. Kellet, Anthony. Combat Motivation. Boston: Kluwer Publishing, 1982.
8. Marshall, S.L.A. Men Against Fire. New York: William Morrow & Company, 1947.
9. Meier, Norman C. Military Psychology. New York: Harper & Brothers, 1943.
10. Moran, Lord. The Anatomy of Courage. London: Constable, 1945.
11. Richardson, F. M. Fighting Spirit. New York: Crane, Russak & Company, Inc., 1978.
12. Sarkesian, Sam C. [ed]. Combat Effectiveness, Cohesion, Stress, and the Volunteer Military. Beverly Hills, California: Sage Publications, 1980.
13. Stouffer, Samuel A., et al. The American Soldier: Combat and its Aftermath, Vol. II. Clinton, Mass.: The Colonial Press Inc., 1949.
14. Watson, Peter. War on the Mind. New York: Basic Books, Inc., 1978.

BIBLIOGRAPHY

Official Documents

15. Commandant, U.S. Army Command and General Staff College, Center for Army Leadership. Training Support Package No SI-9002.07-0114. Battlefield Stress. 15 June 1986.
16. Headquarters, Department of the Army. Soldier Performance in Continuous Operations. Field Manual 22-9. Washington, D.C., 8 December, 1983.
17. Headquarters, Department of the Army. Management of Stress in Army Operations. Field Manual No. 26-2. Washington, D.C., 8 December, 1983.
18. Headquarters, Department of the Army. Operations. Field Manual 100-5. Washington, D.C., 5 May, 1986.
19. Kreager, Robert A., Maj, USAF. "The Silent Enemy: Combat Stress Reaction." Report Number 86-1450, Air Command and Staff College, Air University, Maxwell AFB, AL 36112.
20. Office of the Surgeon General, United States Army. Neuropsychiatry in World War II. Washington, D. C., 1973.

B. Related Sources

Books

21. Baynes, John. Morale. New York: Frederick A. Praeger, 1967.
22. Dollard, John, and Horton, Donald. Fear in Battle. New Haven, Conn.: The Institute of Human Relations, 1943.

APPENDICES

APPENDIX A--Signs of Stress in Yourself	30
APPENDIX B--Signs of Stress in Others	33
APPENDIX C--Signs of Stress in the Unit	35

APPENDIX A [17:55-57]

SIGNS OF STRESS IN YOURSELF [Reprinted from FM 26-2]

The following signs are normal reactions to the stress of combat. They are to be expected. When soldiers begin to feel one or more of these signs, stress-coping techniques should be used to try to decrease the intensity of the signs. The signs of stress that are recognized in yourself may also be seen in others.

AGGRESSION. The person feels angry, sometimes at the whole world. The feelings may be translated into behavior that hurts or destroys someone or something. He may know that lashing out is wrong but cannot stop it.

ANXIETY. The person feels afraid without any specific or immediate threat. The anxious person is often tense, worried, jumpy, unable to concentrate, and unhappy. He may be unable to sleep or may have bad dreams.

APATHY. The person does not care about anything and does not want to do anything. The apathetic person does not care what happens to him, whether the prospects are good or bad. He may not even have the initiative to protect himself from harm.

DEPRESSION. The depressed person feels hopeless and worthless. His outlook on the present and on the future is grim and full of gloom. At the same time, he may feel suspicious or fearful of the future. Even normal pleasures no longer have a cheering effect.

DIARRHEA. Bowel movements are loose and occur often. Under stress this happens for no other clear reason. Often the bowels cannot be controlled.

DRY MOUTH. The mouth feels as if it is full of cotton. There is no saliva (spit), and swallowing is difficult.

FATIGUE. Feeling tired and weary is natural after long hours of hard work or combat. Fatigue is not normal and is a sign of stress when the feeling persists after rest or when the effort has not been so great as to warrant the degree of weariness that is felt.

FORGETFULNESS. This usually means that a planned action is not taken. A check in a procedure may not be made. An order acknowledged earlier may not be remembered. Forgetfulness is similar to inability to concentrate but involves longer time intervals.

"FREEZING". Freezing, in this sense, means that some muscles cannot be made to move. Legs, arms, or hands or a combination of these will not obey. They seem to be "frozen."

FRUSTRATION. Frustration results when something that is wanted or needed is denied. The thing wanted may be rest, food, a hot shower, or an action (get out of the situation). Frustration may be felt when anger has no outlet, fear cannot be escaped, or a person feels powerless to act.

GUILT. This feeling occurs when a person feels that he has done or wants to do something wrong. Sometimes the thought leading to guilt may be unconscious. A soldier may feel guilty after seeing another soldier wounded or killed. The hidden thought may be, "I'm glad it was him and not me," or it may be, "If I had been doing my job better, he wouldn't have been killed."

HEADACHES. Some type of head pain could be a sign of stress. For example, the tension and frustration of a situation may lead to complaints of a headache.

HOT and COLD SPELLS. A feeling of hot or cold occurs, regardless of the temperature of the air. Feeling hot is often followed by feeling cold, then hot again.

INABILITY to CONCENTRATE. This is similar to forgetfulness for very short periods of time. In hearing someone else speak, the person forgets the beginning of the sentence by the time the end is reached. In trying to think how to do something, he cannot recall facts. Also, what comes next cannot be remembered.

IRRITABILITY. The person feels annoyed by anything and everything. Whatever anyone else does or says is seen as wrong. These feelings may even apply to oneself.

LONELINESS. The person feels all alone and isolated from others (fellow soldiers, friends, family). Often there is a feeling that no one understands or cares about one's troubles.

LOW SELF-ESTEEM. The person feels that he is not worthy and that his performance is not good. Others are seen as better, more worthy, and able to do a better job. There is a lack of self-confidence.

MOODINESS. The person has feelings that are milder but similar to apathy or depression. Moodiness usually involves not wanting to talk, share experiences, or take part in group activities.

NAUSEA. The person wants to throw up. Sometimes food is regurgitated. At times there are only "dry heaves." At other times there is just a feeling of being about to throw up.

NERVOUSNESS. The person feels jumpy, tense, irritable, distracted. The word "nervousness" covers a variety of feelings without being very precise about them.

NIGHTMARES. These are bad dreams that come often. For many people, the same bad dream comes back again and again. After waking up, they feel afraid or depressed.

NUMBNESS/TINGLING. Parts of the body, usually the hands, fingers, or feet, feel numb. Sometimes they tingle as if a thousand needles were stabbing these parts.

POUNING HEART. For no apparent reason, the heart beats heavily and fast. Sometimes a threat (danger) is present, not always. Very often there is also shortness of breath.

RATIONALIZATION. This means blaming someone else for one's inability to achieve some goal or talking oneself out of the desirability of a goal. For example, a soldier might blame others for his unit's inability to hold back enemy advances by claiming that he had inadequate support.

SWEATING. The person sweats heavily, even in normal or cool temperatures. The sweating is not due to hard or heavy work. It begins with the palms and armpits but may include the face and body.

TENSION. Feelings of tension accompany waiting for something or wanting to do something--to act. Often it is not clear what is to be done. Tension is different from frustration. Tension occurs when one is getting ready for some demanding effort that will occur in the future and there is no immediate outlet.

URINARY FREQUENCY. Frequent urination is a common sign of stress. In combat, involuntary urination is also common. Without wanting to, the person wets his pants. Often he may not know that this has happened until he feels wet.

SIGNS OF STRESS IN OTHERS [Reprinted from FM 26-2]

When the following signs are seen in other soldiers, stress-coping techniques should be used to decrease the intensity of the signs. The signs of stress that are recognized in others may also be seen in oneself.

ALCOHOL. Alcohol and combat do not mix! Some can drink larger amounts of alcohol than others and still not get drunk. A drunken soldier in combat is a danger to himself and others. Drinking too much and too often increases stress. It does not help. To cope with it, a person must face the source of stress. Drinking too much is a sure sign of ineffective coping with stress.

DENIAL. A stressed soldier may try to "escape" by reinterpreting the situation. Ignoring a situation is another form of denial. A soldier may display signs of stress through unwillingness to face realistically threatening situations, withdrawals, or procrastination.

DRUGS. Drugs not only mask stress (hide it) but actually make things worse. Drugs also create an unreal world. The real world must be dealt with in combat. The soldier who takes drugs is not effective, although he may think he is. He is a danger to himself and to his unit. Use of drugs is no way to cope with combat stress.

EMOTIONAL OUTBURSTS. When stress is high, self-control is lowered. Anger may flare for small reasons. The person may have crying jags and may show fear and talk a great deal about being scared. The stressed person shows great emotion in all of his behavior. This may build up more and more, or it may happen suddenly.

EXCITABILITY. A soldier may become agitated easily. In combat, he may jump at sudden noises or may laugh too loudly at a small joke. He may be restless and unable to sit still. He may talk too much. He reacts too much to anything and everything.

IMPULSIVE BEHAVIOR. The soldier may act without thinking in ways that do not make good sense. A person may do things "out of the blue" or react too fast to a situation, not thinking about where his action may lead.

INADEQUATE EATING or DRINKING. The stressed soldier may not feel a need to eat or drink adequately. Lack of food and water may lead to weakness and dehydration. Inadequate eating and drinking can contribute to an increased state of stress.

NEGATIVISM. The person takes a negative, resistive attitude toward situations. For example, if a soldier's request has been denied by his commander, he becomes defensive and negative to all recommendations that the commander makes.

ONE-TRACK THINKING. Consistently and excessively performing a given action or talking about a given topic may indicate a soldier under stress. For example, the soldier who repeatedly checks and rechecks a given detail, such as escape routes, sentry posting, or gun coordinates, may be indicating a state of stress.

REGRESSIVE REACTIONS. These involve failure to act one's age and an inability to deal constructively with reality. The person reverts to behaviors of an earlier age (e.g. temper tantrums or pouts). Some soldiers may use this behavior because it worked for them when they were children, and they got their way.

RESTLESSNESS. The soldier cannot relax. He has to move constantly. If walking is not possible, fidgeting with equipment may occur. When trying to rest, the soldier cannot lie still.

RISK TAKING. Showing courage under fire does not mean taking unnecessary risks. The reckless soldier may be showing signs of stress. He exposes himself and others to unnecessary danger.

SMOKING. Many people have a strong need to smoke when they are tense. Smoking becomes a sign of high stress when it is excessive. The person smokes constantly. When circumstances prevent smoking, irritability may occur.

SPEECH DISORDER. Changes in the way a soldier normally speaks may be a sign of stress. Speech may become much faster or slower than before. It may be unclear (slurred). Sentences may not be complete, so they do not make clear sense. Sometimes the person may start mumbling.

TREMBLING. Most often the hands begin to shake first. Weapons cannot be held steady. Small objects can be adjusted or fitted together only with difficulty. Sometimes the legs or even the whole body begins to tremble.

APPENDIX C [17:60-61]

SIGNS OF STRESS IN THE UNIT [Reprinted from FM 26-2]

When the following signs are seen in the unit, leaders must recognize that they may be the symptoms of stress in the unit.

AWOL. This term covers all unauthorized absences from duty. It includes those absences that never appear on official records. High AWOL rates reflect a dislike of duties and conditions in the unit and a lack of loyalty.

BICKERING. Frequent conflicts among members of a unit signal a serious problem. Bickering, often over petty matters, reflects a lack of concern with unit objectives--with getting things done. When soldiers are annoyed by conditions, one outlet is a clash with other soldiers. Feelings of a common purpose disintegrate.

DISSATISFACTION. When unit morale is low, complaints rise. Eventually almost anything causes complaints. Many are brought to the attention of leaders. Even more are voiced to peers. Some complaints are justified, but most are petty.

LACK of COHESION. Soldiers have little or no pride in their unit or themselves. They bad-mouth the unit, its leadership, and its members. They enter any test of capability or competition with other units in a spirit of defeat. Rumors are mostly negative. The soldiers "don't care."

IGNORING ORDERS. Standing orders, established SOPs, and established policy are ignored. Their intent and even their letter are not obeyed but are evaded or circumvented. Instead of trying to comply, soldiers try to get around the rules.

INSUBORDINATION. Instead of following orders, soldiers challenge them. They talk back rather than obey promptly. Their reasons focus on minor points. Objections are not valid and constructive. The spirit is one of obstruction instead of willing cooperation.

LOW PRODUCTIVITY. Soldiers report late in the morning, take long breaks, work slowly, and leave early at night. They blame equipment, procedures, or supply problems for not getting the job done. They show little initiative. Maintenance is performed poorly. Schedules are not maintained. Excuses are made for failure to show results.

SENSITIVITY to CRITICISM. In the "healthy" unit, a "dressing down" from a superior is a spur to greater effort; in the "ailing" organization, there is only resentment. Excuses are offered. Excuses that cannot be made to the superior are "chewed over" with peers. Criticisms are thought unreasonable and unjustified.

SICK CALL. Soldiers use any excuse for reporting sick. The reasons given are often vague ailments and minor physical problems. Treatment is claimed to be ineffective. Medical personnel may suspect emotional rather than physical problems.

END

7-87

DTIC