

When the Guns Fall Silent: A Leader's Guide to Understanding Defensive Coping Mechanisms

**A Monograph
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Abstract

WHEN THE GUNS FALL SILENT: A LEADER'S GUIDE TO UNDERSTANDING DEFENSIVE COPING MECHANISMS by Major Joseph R. Claburn, U.S. Army, 56 pages.

Post-Traumatic Stress Disorder (PTSD) is becoming an important topic for military leaders as the two wars in Afghanistan and Iraq continue. The diagnosis of PTSD in Soldiers returning from the battlefields is increasing at an alarming rate. Despite the escalating diagnosis of PTSD, undiagnosed individuals continue to cope with stress in their own and unique way, identified as Defensive Coping Mechanisms. This reaction to stress can present itself in the form of any number of behavioral and psychological reactions. It is likely that these behavioral changes could potentially go unrecognized by leaders depending on the severity of the individual's reactions. In some cases, these reactions are maintained for ten to fifteen years as pre-cursors to being diagnosed with PTSD. With the current conflicts in Afghanistan and Iraq reaching that ten year point, it is possible that the Veteran's Administration (VA) Hospitals will be flooded with discharged service members who are now unable to cope and therefore seek professional treatment. One way that the Army can effectively control the increase in individuals being diagnosed with PTSD, or limit misunderstanding by leaders due to an unreported defensive coping mechanism, is through leader education of defensive coping mechanisms, proper screening by medical personnel well after the prescribed 90-180 days following a deployment, and increased resiliency training in individual Soldiers. Without these measures being implemented, it is possible for Soldiers to use unhealthy defensive coping mechanisms to stress, which may result in Soldiers flooding the medical system years a decade or more later due to their inability to cope any longer. This would clearly result in a drastic increase in PTSD diagnosis by military members both on active duty and in the VA Hospitals across America.

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Introduction

Looking another human in the eye and taking his life is not a natural act for human beings. Doing so comes with great risk of psychological trauma, the results of which are documented from one conflict to the next over a thousand years.¹ The National Center for Post-Traumatic Stress Disorder *Iraq War Clinician Guide, 2d Ed.* in 2004 stated, “survivors of traumatic events can experience acute symptoms of distress including intense agitation, self-accusations, high-risk behaviors, suicidal ideation, and intense outbursts of anger, superimposed on the symptoms of normal bereavement.”² Lord Moran, Winston Churchill’s personal physician and author of *The Anatomy of Courage*, noted change in a person’s ability to function following a traumatic incident, like combat, as the “birth of fear,” and that it is “something that is born of time and stress, which a man must watch lest it come to influence what he does.”³ It is indeed a sacrifice that the Soldier is asked to bear the terror and trauma of war on behalf of the citizen, and this is the reason for the necessity to care for them after the guns fall silent.⁴ History has shown the importance of needing to care for warriors who have returned from battle and fully understand both the physical and mental wounds of war. As one Soldier noted,

I still think about what we did in Vietnam. My family and friends tell me to forget it. I would give anything if I could forget some of the bad stuff. As the song says, ‘Some memories just won’t die.’ For me I can still see those haunting eyes of that mother and her little girl as they lay there in that hooch that night. I can still hear my buddies calling for a medic. I remember the murderous fire fights and the deadly booby traps and the sniper fire. I guess I will always remember. I know I will never forget the way I felt coming back home and being rejected, shamed and blamed by my own countrymen.⁵

Research suggests that a person’s continued exposure to combat can drastically increase the negative psychological effects, and there is no evidence to suggest that our warriors in Afghanistan and Iraq will be relieved with an end to combat action in these countries. War theorist Carl von Clausewitz recognized the need to understand the human dimension of war as he wrote about the need for courage

¹ Richard Holmes, *Acts of War: The Behavior of Men in Battle* (New York: Free Press, 1985), 399.

² National Center for Post-Traumatic Stress Disorder, 75.

³ Lord Moran, *The Anatomy of Courage: The Classic Study of the Soldier’s Struggle Against Fear* (New York: Avery Publishing Group Inc., 1945), 26.

⁴ Richard Rhodes, *Why They Kill* (New York: Alfred A Knopf, 1999), 286-312.

⁵ David Hartline, *What A Soldier Gives* (Lyerly, GA: Brazelton-Wallis Printing Co., 1991), 229.

and the necessity to overcome the trauma and drama on the battlefield, which he calls ‘friction,’ in his book *On War*:

It is an exceptional man who keeps his powers of quick decision intact if he has never been through this experience before. It is true that (with habit) as we become accustomed to it the impression soon wears off, and in half-an-hour we hardly notice our surroundings any more; yet the ordinary man can never achieve a state of perfect unconcern in which his mind can work with normal flexibility. Here again we recognize that ordinary qualities are not enough; and the greater the area of responsibility, the truer this assertion becomes. Headlong, dogged, or innate courage, overmastering ambition, or long familiarity with danger – all must be present to a considerable degree if action in this debilitating element is not to fall short of achievements that in the study would appear as nothing out of the ordinary.⁶

The United States Army currently has a significant problem identifying individuals who may be suffering from negative and adverse coping mechanisms following combat operations in both Afghanistan and Iraq. Everyone who has deployed to combat will be affected by some form of stress during their deployment. However, only a few of these individuals will go beyond the normal reaction to stress and develop traumatic stress injuries which could potentially become long term and dangerous. An individual unable to cope with combat stress may develop serious Post-Traumatic Stress Disorder (PTSD) symptoms over the long term. Ultimately, it is necessary that every Soldier learn to cope with stress and stressors prior to a deployment. However, it is also important for Army leaders to recognize the warning signs through proper education of Soldiers who are having inability to cope. Leaders must be able to identify ineffective coping mechanisms among Soldiers returning from combat in order to intervene and preclude the development of PTSD.

The U.S. Army’s Post-Deployment Health Reassessment (PDHRA) has been effective in helping to identify those individuals who may be having difficulty adjusting back to life following a deployment. Administered 90-180 days following a deployment, the PDHRA provides a certified counselor, psychologist, or psychiatrist information to identify potential negative reactions to combat stress such as aggressiveness, substance abuse, and depression. However, this report will show how a majority of these severe negative defensive coping mechanisms can remain hidden and undetected for years, and that the

⁶ Carl von Clausewitz, *On War* (Princeton, NJ: Princeton University Press, 1976), 113-114.

diagnosis for PTSD can take up to ten to fifteen years to show significant signs of psychological problems.⁷ This is critical in that the U.S. Army has now been fighting the war in Afghanistan for ten years and the war in Iraq for eight years. If this delay in symptoms is accurate, the Army and the Department of Veterans Affairs can expect to see a drastic increase in service members, both reserve and active duty, seeking mental health care over the next five years and continuing for the next twenty to thirty years.⁸ This will have a significant impact on the volume of mental health services provided by the U.S. Army and the Department of Veterans Affairs. In order to reduce the number of potentially latent incidences of PTSD among Soldiers who have served in the current conflicts in Iraq or Afghanistan, the Army must provide effective Soldier training to learn more effective coping mechanisms, leader education to identify those individuals who are having difficulty coping following a deployment and years following a deployment, and increased effort for medical screening for years for early detection combined with effective treatment.

There has been a significant rise in combat-related psychological effects on hundreds of thousands of soldiers upon their returning home from combat operations in Afghanistan and Iraq.⁹ The U.S. Army has termed this as Combat and Operational Stress Reactions (COSR) and considers this a part of the casualties of war.¹⁰ Post-Traumatic Stress (PTS) continues to be a problem that is at the forefront of issues the Army is attempting to resolve and has been shown to have a direct link to issues such as

⁷ National Center for Post-Traumatic Stress Disorder. *Iraq War Clinician Guide, 2d Ed.* Report, Washington, DC: Department of Veterans Affairs, 2004, 75. Grief symptoms can remain dormant for years as this report indicates. One sample of Vietnam combat veterans in a residential rehabilitation unit for PTSD indicated that grief symptoms were detected at very high levels of intensity, thirty years post-loss.

⁸ Tom Infield, "Another Casualty of War, After the Fact," *Philadelphia Inquirer*, February 8, 2011. Specialist Ivan Jose Lopez was a National Guardsman who was home for 26 months when he killed himself. His death marked the 14th suicide amongst the Pennsylvania National Guard since 2003. Infield reported, "...suicides among inactive Army Guard soldiers have nearly doubled nationally, from 62 in 2009 to 114 last year."

⁹ Charles Figley and William Nash, *Combat Stress Injury: Theory, Research, and Management* (New York: Routledge, 2007), 2. "It is not known how many of the more than half million warfighters who have already served in Iraq and Afghanistan have experienced persistent stress injury symptoms, but veterans support organizations such as the U.S. Department of Veterans Affairs are gearing up to provide services to veterans of those conflicts."

¹⁰ Headquarters, Department of the Army, *Field Manual 6-22.5: Combat and Operational Stress Control Manual for Leaders and Soldiers* (Washington, DC: Department of the Army, 2009), 1-1. COSR refer to the adverse reactions personnel may experience when exposed to combat or combat-like situations. Historically, within US military operations, COSRs have accounted for up to half of all battlefield casualties, depending upon the difficulty of the conditions.

domestic violence, divorce, work-related stress, depression, drug and alcohol abuse, and suicide.¹¹

Normal responses to traumatic events include lack of energy, feeling numb, difficulty concentrating, anger, guilt, dreams, insomnia, forgetfulness, depression, and irritability.¹² Historically, this issue was ignored following World War II, categorized but not dealt with following the Vietnam War, and recognized but not fully understood today.¹³

Leaders must understand the various defensive coping mechanisms each individual soldier undergoes following a traumatic event in combat, such as a near death experience or the reaction to the threat of life in combat.¹⁴ A deeper understanding of this process can assist leaders in fully developing and implementing the necessary measures to support those individuals needing professional help, and continue the military organization in a positive direction of support. It is only through the proper leader education, soldier training, and medical screening/treatment that the military can overcome the prolonged effects of combat stress related behaviors and disorders due to post combat action. A significant impact to combat readiness can be directly correlated to a lack of understanding of defensive coping. It is imperative that the Army make considerable changes to leader development in the understanding of defensive coping mechanisms that each individual person may experience following the dangers and stressors of combat operations. If left undetected and unresolved it is extremely likely that individuals could progress to more serious abnormal behavioral conditions.¹⁵ The U.S. Army field manual FM 6-

¹¹ National Center for Post-Traumatic Stress Disorder, 29. Referring to traumatic stress injuries: “many attempts to suppress, diminish or avoid their internal experiences of pain by using alcohol and/or drugs, disordered eating, self-injurious behaviors (such as cutting), dissociation and behavioral avoidance of external reminders or triggers of trauma-related stimuli.”

¹² Dan Scheafer, *Leadership in Times of Loss* (New York: Peak Performance Strategies, 2010), 3-5. Grief is a process that requires a coping strategy rather than a problem that will respond with a “quick fix”.

¹³ Harold I. Kaplan, M.D. and Benjamin J. Sadock, M.D. *Concise Textbook of Clinical Psychiatry* (Philadelphia: Williams and Wilkins, 1996), 211. About 30 percent of Vietnam veterans experienced posttraumatic stress disorder, and an additional 25 percent experienced subclinical forms of the disorder.

¹⁴ David S. Holmes, *Abnormal Psychology, 3rd Ed.* (New York, NY: Addison-Wesley Educational Publishers Inc., 1997), 111. “Defense mechanisms may help us avoid conflict and thereby avoid anxiety. “

¹⁵David Holmes, 28. First, the defenses may reduce stress, but the behavior involved in the defenses may be abnormal. Second, the defenses may not be effective, so the psychological component of stress will persist, resulting in anxiety or, if prolonged, possibly depression. Third, the defenses may not be effective, so the physiological component of stress will persist, and that high level of arousal can lead to physical problems such as coronary artery disease and headaches. Forth, if the defenses are not effective, the stress may trigger a predisposition and result in disorders such as depression or schizophrenia.

22.5, *A Leader's Guide for Combat and Operational Stress (Small Unit)*, recognized the need to develop leaders to recognize symptoms of post-traumatic stress symptoms. The newest Army term is Combat and Operational Stress (COS). This label acknowledges "the effects of COS are experienced by ALL Soldiers spanning all phases of military operations in both peace and war."¹⁶

The outcomes of this study will further expand on the areas of fear management, referred to as Defensive Coping Mechanisms. Further, the outcomes of this study will serve to educate leaders and offer effective leadership measures for soldiers facing challenges prior to and following a deployment. Military leaders need to understand the behavioral traits associated with defensive coping mechanisms and the associated indications to further understand behavioral problems in the future. This report will emphasize the need for leaders to monitor Soldiers upon their return home as they continue to cope with the terrors and horrors of war with their ongoing defensive coping mechanisms well after the guns fall silent.

¹⁶Broadnax, 28.

Literature Review

The literature review for this study will cover two main topics. The first topic focuses on defining defensive coping mechanisms alongside their occurrence patterns, while the second topic involves an applied leadership approach that should co-exist with the presence of these defensive coping measures. The second topic will further explore how this leadership approach can be best utilized by leaders to resolve the issues associated with abnormal defensive coping mechanisms has lasting effects on the individual and the organization over time. The common thread among this research throughout the literature reviews is to identify what current articles and books are classified as Defensive Coping Mechanisms and how each one of these researchers contrast one another. A significant amount of research is dedicated to identifying a commonality between psychological professionals on a set of traits identified that an individual experiences following a stressful event. The terms used most commonly throughout the research referred to this post-stress reaction as coping strategies, coping mechanisms or defensive coping mechanisms. Various leadership theories and books are used to determine the best technique for leaders to understand this reaction to stress and determine a suggested measurable reaction or counteraction to the coping style. The following material helped to determine a baseline for understanding defensive coping mechanisms and the leadership approach to implementing this negative behavioral change within an organization with individuals dealing with their own adjustment difficulties.

Defensive Coping Mechanisms

The idea that every person reacts to stress differently has not been a new topic in the military. Numerous studies over the years helped to define combat-related mental health issues. Major Daniel Karis of the School of Advanced Military Studies expanded on the impact of battle death in a cohesive unit. In this study, Karis cites five categories of fear management: “religious orientation (faith in God), denial (either refusal to admit a fear of death or rejection of the threat itself), avoidance (evasive strategies limiting the risks of encountering fear inducing situations), displacement (behavior characterized by concentration on something socially acceptable such as the job, soldiers, or the mission), and counter-

control (the use of variety of defense mechanisms to replace thoughts of fear, including aggression, rationalization, calculation, and confidence).”¹⁷ However, it is apparent that there are many more defensive coping mechanisms that are not understood by leaders in the Army. This monograph will identify and discuss many more defensive coping mechanisms that have potential to become much worse behavioral or psychological problems in the future.

Bem Allen’s *Personality Theories* introduced defensive coping mechanisms as a sideline to both Sigmund Freud’s personality structure and the development of the Id, Ego, and Superego. An entire chapter is dedicated to the introduction of the psychological theorist Sigmund Freud but only a small section is used to explain Freud’s theory of defensive coping mechanisms written in 1923. The internal struggle between the Id and Ego creates the imbalance of a person’s inability to cope with stress. “Ego’s reaction to threatening surges of instincts is to experience anxiety, a state of extremely unpleasant emotional discomfort. To minimize anxiety, Ego calls upon various defensive mechanisms, which are internal, unconscious, and automatic psychological strategies for coping with or regaining control over threatening Id instincts. Defense mechanisms keep unacceptable urges or ideas from reaching conscious awareness.”¹⁸ Though some may find the study of Freud to be outdated and hard to prove because it is based on the unconscious; review of this theory is necessary to identify that he was one of the first to identify a person’s need to deal with stress in their own unique way.¹⁹ His studies give the first descriptions of the defensive coping mechanisms in the field of psychology. These include Repression, Projection, Rationalization, Denial, Intellectualization, and Undoing. Allen stated, “Freud believed that exaggerated use of such defense mechanisms result in neuroses; anxiety-driven patterns of abnormal

¹⁷ Major Daniel G. Karis, *Of Blue Badges and Purple Cloth: The Impact of Battle Death In A Cohesive Unit* (Fort Leavenworth, KS: Command and General Staff College, 1988-89), 24-25. Major Karis highlights a report conduct after the Vietnam War by LTC Adams who studied psychothanatology, the science related to realistically coping with death and dying. LTC Adams makes an argument that further study in this area would have beneficial results for the Army if soldiers were taught strategies for reconciling the unsettling issue of death. The study suggested that the Army should determine the coping strategies used by successful combat veterans and then teach these strategies to soldiers who will then have tools to deal with death situations and the feelings that may develop.

¹⁸ Bem P. Allen, *Personality Theories*, 3rd Ed. (Boston, MA: Allyn and Bacon, 2000), 24. Each of these is further defined in the glossary section of this report.

¹⁹ David Holmes, 28. Researchers have noted, “in many cases Freud’s ideas cannot be empirically tested.”

behavior related to over-control of instincts.”²⁰ Bem Allen also shows in his research of Bandura (1977) and Leventhal (1970) that the reaction with anxiety to unpleasant events that is anticipated in the future also motivates a person’s decision to put them in the position to avoid such stressors.²¹ These are identified as *defensive behaviors* and Allen states that, “because defensive behavior is due to anticipating the avoidance of unpleasant events in the future, rather than for the purpose of coping with present anxiety, it is very difficult to eliminate.”²²

To understand the clinical psychiatric terms and definitions it is important to use a source that includes contributions from a combination of researchers and theorists, such as Kaplan and Sadock’s *Concise Textbook of Clinical Psychiatry*. Kaplan and Sadock use the DSM-IV to explain Post-traumatic Stress Disorder and Acute Stress Disorders, and these definitions are used as the primary means to describe PTSD and stressors.²³ The key to the Kaplan and Sadock’s textbook is the identification and comparison of PTSD and various adjustment disorders identified in the DSM-IV. For instance, “in posttraumatic stress disorder the symptoms develop after a psychologically traumatizing event or events outside the range of normal human experience. That is, the stressors producing such a syndrome are expected to do so in the average human being.”²⁴ As described by Kaplan and Sadock, “although patients with personality disorders may be characterized by their most dominant or most rigid mechanism, each patient uses several defenses.”²⁵ The defensive mechanisms identified in this particular textbook are: 1. Fantasy, 2. Dissociation, 3. Isolation, 4. Projection, 5. Splitting, 6. Passive Aggression, 7. Acting Out, and 8. Projective Identification.²⁶ Each of these defensive mechanisms is covered in more depth in Section 4 of this research paper.

²⁰ Allen, 25.

²¹ Ibid., 309. “Anxiety is an associate of early defensive behavior, not the cause of it.”

²² Ibid., 310.

²³ Kaplan and Sadock, 210. Posttraumatic stress disorder consists of (1) the reexperiencing of the trauma through dreams and waking thoughts, (2) persistent avoidance of reminders of the trauma and numbing of responsiveness to such reminders, and (3) persistent hyper arousal. Common associated symptoms of posttraumatic stress disorder are depression, anxiety, and cognitive difficulties (for example, poor concentration).

²⁴ Ibid., 301.

²⁵ Ibid., 304.

²⁶ Ibid., 304-305.

Two other references used to classify defensive coping measures were David Holmes' *Abnormal Psychology* (1997) and Jim McMartin's *Personality Psychology* (1995). Holmes identifies that a continuous presence of stressors in an individual's life leads to abnormal behavior and most of this abnormal behavior is consistent in Soldiers returning home from war.²⁷ Holmes presents extensive results on the link of stressors and stress that lead to abnormal behavior, but presents only a small amount of results relating to specific coping mechanisms that individuals use to internally overcome the anxiety and stress to avoid abnormal behavior. The defense of stress is documented by Holmes as being one of three categories: Coping - involves constructive problem solving, whereas defense involves reducing stress without solving the problem; Denial – which has already been addressed in this study; and Avoidant thinking – which involves intentionally distracting oneself from thinking about upsetting things.²⁸ McMartin considers Hans Selye to be the “father of stress research.” Selye focused on the physiological effects of stress.²⁹ However, physiological stress is specifically not covered in this research. McMartin also identified multiple theorists who researched the psychological effects of stress and categorizes each of them into three categories.³⁰ “Defense mechanisms give us time to adjust to the stressful event and plan potentially effective, problem-focused solutions. Because they distort reality, defense mechanisms are problematic should they become chronic reactions to every stressful event.”³¹ McMartin identifies a few of his own defensive coping mechanisms identified as: Denial; Projection; Reaction Formation; and Sublimation.³²

Additional research showed how defensive coping mechanisms could affect an individual in a negative way post-conflict. For the purpose of this research, it was necessary to determine what, if any, long term effects can be sustained from the lack of professional care by individuals suffering from extensive psychological trauma due to combat action. Books such as *The Anatomy of Courage*, by Lord

²⁷ David Holmes, 27-28.

²⁸ Ibid., 27-28.

²⁹ Jim McMartin, *Personality Psychology* (Thousand Oaks, CA: Sage Publications, 1995), 126.

³⁰ Ibid., 127. Interpretational approach (Kelly, Rogers and cognitive such as Lazarus and Folkman); Dispositional theorists: Costa and McCrae; Psychodynamic theorists: Freud, Horney.

³¹ McMartin, 145.

³² Ibid., 145.

Moran, *On Killing* and *On Combat*, by Lt. Col. Dave Grossman, *Acts of War*, by Richard Holmes, and *Why They Kill*, by Richard Rhodes are all sources for this information in supporting the position that there are underlying, long-term, psychological responses to stress that can appear directly after a traumatic event such as combat, or that these symptoms can remain dormant and undetected for months, or even years, down the road.

Secondary sources used for this research include multiple studies, monographs, and theses written by U.S. Army personnel who also study battlefield stress and post-traumatic stress syndrome. Reports such as Major Dale Flora's "Battlefield Stress: Causes, Cure and Countermeasures," Major Mary Card's "Leadership in Understanding and Recognizing Post Traumatic Stress Symptoms," and Major Kevin Broadnax's "Combat and Operational Stress: Minimizing Its Adverse Effects On Service Members," study defensive coping mechanisms and what the U.S. Army has done to combat these issues.³³ Most of these reports are specific to education about battlefield stress and PTSD, which is an issue not specifically covered in the scope of this report due to the vast amounts of information regarding PTSD and battlefield stress. These monographs and studies show a continuous need for the Army to study and reflect on post-combat stress related behavioral issues affecting the fighting force. Although PTSD is not specifically covered in this monograph, general findings from these studies show a clear link between individuals who are unable to cope with the stressors of combat and war, and those who later develop significant signs and symptoms of a more severe case of PTSD.

In summary, the books utilized for the development of a common list of defensive coping mechanisms was essential for a clear understanding of recognizable behavioral and cognitive tendencies by individuals who may not be managing combat-related stress following an incident or behavior that may go unrecognized for many years. The common thread among all of the resources is that stress-related

³³ Each of these studies was conducted by individuals who attended the Command and General Staff College at Fort Leavenworth, Kansas. They remain important in the study of Post-Traumatic Stress Disorder and the significant results of an individual's inability to cope. However, it must be understood that long term post-traumatic stress disorder is a direct result of an individual's inability to cope with the stressors of combat situations. These reports don't necessarily address defensive coping mechanisms directly and have only been used as secondary sources to address the long term effects of unrecognized and untreated defensive strategies by individuals who potentially will be diagnosed with PTSD.

behavioral changes are a significant indication to potentially more serious underlying issues and the proper intervention and medical treatment can assist in an individual's capacity to overcome their own issues. Each reference had a number of varying defensive coping mechanisms listed. It is important to find a common link between the descriptions of these coping mechanisms in order to develop a compiled list of the most common defensive coping mechanisms for leaders to apply to each soldier's case.

Leadership Focused Approach

The importance of leadership intervention following combat-related stress on the individual and group has been largely absent in the U.S. Army. As indicated in various research, the effects of combat-related stress injuries have a long lasting impact on the individual and organization for years. It should come down to the leadership in the Army, at all levels, to understand fully the importance of critical leadership approaches to combat all of these contributing issues. James Burns' *Leadership* took a historical look at the fundamentals of leadership as a "humanistic psychology" and further stated that leadership is "one of the most observed and least understood phenomena on earth."³⁴ He identified two distinct types of leadership to include *transformational* and the *transforming* approaches, and further analyzed the importance of *moral leadership*.³⁵ Much like James Burns, Thomas Wren compiled a number of essays regarding the historical importance of leadership from Plato, Aristotle, Lao-tzu, Machiavelli, Tolstoy, and Ghandi. In *The Leader's Companion*, Wren seeks to fulfill the promise of an approach to leadership which is broadly conceived using a wide range of sources such as articles from James McGregor Burns and John Kotter. *The Leader's Companion* primarily uses articles focused on stress, managing change in individuals, and defining the role of leaders in moments of organizational change.

Leadership theory and research books written by Martin Chemers' *Leadership Theory and Research: Perspective and Direction* and Peter Northouse's *Leadership: Theory and Practice* are two examples of leadership theory. In support of defensive coping mechanisms, Chemers stated, "People

³⁴ James MacGregor Burns, *Leadership* (New York: Harper and Row, Publishers, 1978), 3.

³⁵ Ibid., 4.

differ in how they cope with uncertainty and stress. Many try to avoid stress altogether and find even a moderate risk highly aversive and anxiety arousing, while others crave stress, and the concomitant risk and excitement” as the basis for his contingency theories.³⁶ Peter Northouse identified leadership as a phenomenon that is a process, involves influence, occurs in groups, and involves common goals. Based on these components, the following definition of leadership is used in this text as “a process whereby an individual influences a group of individuals to achieve a common goal.”³⁷

The last two leadership books used for the basis of providing a leadership approach to understanding and implementing change in individuals who are experiencing defensive coping mechanisms following a traumatic event such as combat are *Understanding Behaviors for Effective Leadership* by Howell and Costley and *Leadership Without Easy Answers* by Ronald Heifetz. Howell and Costley provide two chapters specifically on supportive leadership behavior³⁸ and leadership development and organizational change.³⁹ Lastly, Heifetz uses his book to portray leadership as “mobilizing people to tackle tough problems”, and “how to manage sustained periods of stress consequently poses a central question for the exercise of leadership.”⁴⁰

Removing the stigma of PTSD is the beginning hurdle that the leadership in the U.S. Army must overcome. The Secretary of Defense has emphasized this need for change in the Army as an organization regarding struggling Soldiers unable to cope when he stated, “The most important thing for us now is to get the word out, as far as we can, to every man and woman in uniform, to let them know about this change, to let them know the efforts that are under way to remove the stigma, and to encourage them to

³⁶ Martin M. Chemers and Roya Ayman, *Leadership Theory and Research* (New York: Academic Press, 1993), 2-3. The contingency model defines “situational control” on the basis of three dimensions: (1) the leader’s relationship with the group; (2) the degree to which the group task is structured, that is, whether it is clearly described, and there is a proven method for doing the job; and (3) the organization’s backing of the leader in the form of rules, and the rewards and sanctions that are at the leader’s disposal.

³⁷ Peter G. Northouse, *Leadership: Theory and Practice, Fifth Edition*. (Los Angeles: Sage Publications, 2010), 3.

³⁸ Howell and Costley, 63. “Supportive leadership involves showing concern for the status, well being, and needs of followers; demonstrating kind, considerate, and understanding attitude regarding followers’ problems; and fostering followers’ professional development.

³⁹ Ibid., 378. “Organizational change is often described as episodic (in which infrequent adjustments help the organization better fit its environment), or continuous (involving ongoing modifications in work processes and social interactions).

⁴⁰ Ronald A. Heifetz, *Leadership Without Easy Answers*. (Cambridge: Harvard University Press, 1994), 15, 35-38.

seek help when they are in the theater or when they return from the theater. So this is a very important issue for us. As I've said for a long time, we have no higher priority in the Department of Defense, apart from the war itself, than taking care of our men and women in uniform, who have been wounded, who have both visible and unseen wounds. And frankly I think that this center here is illustrative of what can be done, and that we can return soldiers back to duty in good mental health."⁴¹ The importance of leadership intervention has become one of the major tasks for the Vice Chief of Staff for the Army, becoming equally as important as battling the increasing number of suicides and the long-term effects of Improvised Explosive Devices (IED) and traumatic brain injuries.

The leader's ability to clearly recognize a problem in the individual and the organization is at the foremost critical aspect to leading successful. Having a member of the organization who is experiencing adverse coping strategies with stress is irrelevant in the case of positively leading and implementing change in the organization. In any case, the theories and leadership techniques presented in the literature for this section is directly focused on the lasting impact of positive leadership during difficult times such as war and post-deployment struggles that a leader may face. The applied nature of leadership in this particular case, such as a leader dealing with an individual experiencing negative combat-related stress symptoms, is not specifically identified in any of the literature reviewed. However, it is important to recognize that leadership exercised during difficult times in any organization can be applied to this study, regardless of the specific cause of stress and stressors affecting the individual and the group.

⁴¹ Department of Defense. "News Transcripts." *Department of Defense*. May 01, 2008. <http://www.defense.gov/transcripts/transcript.aspx?transcriptid=4220> (accessed March 11, 2011)

Methodology

Prior research conducted in the area of post-traumatic stress has used the studies of men in combat to better understand the short term and long-term effects of battlefield stress and the coping mechanisms associated with the kind of stress that the brutality of combat can present. The methodology for this monograph will be to study the various coping and defensive mechanisms as described best in the psychology community. This research will pay particular attention to psychologists such as Albert Bandura, Sigmund Freud, and Alfred Adler as they are analyzed and interpreted by authors such as Bem Allen, David Holmes, Jim McMartin, as well as Harold Kaplan and Benjamin Sadock. Through the inclusion of this range of theorists and authors in the field, it is possible to identify the reaction to stressors to better predict abnormal behavior in individuals. Leadership books used to help leaders focus on managing significant psychological change within individuals following traumatic events such as combat or near death experiences are also partially acceptable here. However, most do not specifically talk about combat or post-combat reactions to stressors. The leadership books have a range of leadership issues addressed in them, but the intent of the study is to focus primarily on managing change in individuals. Once the reactions to stressors are identified they will be measured against several leadership models for dealing with individuals experiencing stress. Leadership writers such as James MacGregor Burns, Peter Northouse, Martin Chemers and many others will be identified to determine the best leadership approach as they all present models for leadership and methods/techniques to overcome these challenges.

The recommendation for the study will be based on the best leadership model that contributes most extensively to leader development as well as for the best model for dealing with individual change following a traumatic event such as combat operations. However, if one suggested leadership model does not fit properly to dealing with the particular nature of this study, then a cumulative approach will be suggested. This study's findings will be applicable primarily for military personnel, as most of this research will be conducted specifically on reactions to combat stress and the trauma of combat action.

The methodology for this study included data collection from various sources of governmental and private evaluation sources, conducted in the last twenty-five years. This research study will accumulate data from various reports obtained from online sources and books, collected for the subject of defensive coping mechanisms and leadership models for dealing with change in individuals and organizations. The focus of the psychological research will be to identify the various categories of defensive coping mechanisms identified and agreed upon by the American Psychological Association and other leading researchers in the field of psychology. The focus of research in the field of leadership will directly result in a leader's understanding and specific leadership techniques for dealing with individuals stress adaptation and recommendations for dealing with change in individuals and organizations.

The research design for this study uses two approaches. First, the research is set out to identify distinguishable ways that a person can deal psychologically with stress and label each of these methods as a particular defensive coping mechanism. It is understood that each theorist and each textbook would identify various, and sometimes more detailed, defensive coping mechanisms but this research is based upon identifying all the possible solutions in order to recommend a compiled list for leaders. The second, the leader approach, is based on recommended leadership strategies for organizations to take in understanding and facilitate change within the organizations. The leadership approach identifies the best way for anyone in a leadership position to facilitate the best possible change within the organization.

It is important to note that defensive coping mechanisms can vary in severity and condition, and that no leader should take these reactions to stress lightly or attempt to resolve these issues themselves. If a leader is ever in doubt as to the psychological impact of stress on an individual, they should seek professional help for the individual immediately.

This report will work under the basic assumption that almost every person has a response to stress and stressors, regardless if that response is perceived as positive or negative. Every person has a response to stress and that reaction to stress can be identified clearly as a defensive mechanism to help the body adjust to significant environmental changes such as war and the violent trauma that may be associated with combat and near death experiences. Making this basic assumption that every individual experiences

some form of coping mechanism following stress, regardless of the severity of function, is the basis for research in this study. Unfortunately, most of the responses to stress are only at the unconscious level, and it is therefore difficult to determine the true nature and severity of the coping mechanism unless the individual seeks mental health assistance.

A person's stress response has two components: the psychological response (such as the emotions of anxiety and tension), and the physiological responses (such as bodily changes like increased heart rate, blood pressure, and muscle tension).⁴² This study will only focus on psychological responses to stress and will not analyze physiological responses. Post-traumatic Stress Systems and Posttraumatic Stress Disorder (PTSS/PTSD) is also a common result of battlefield stress and the inability to cope with stressors leading to long term psychiatric difficulties in coping. However, this monograph is not about PTSD and will only address this abnormal behavior. Posttraumatic stress is not necessarily identified immediately following a traumatic event like a defensive coping mechanism can be identified, and in some cases a PTSD diagnosis can take up to ten to fifteen years to show any signs and symptoms of the disorder.⁴³ It must be recognized that women and men react to stress differently and that the level of shock and trauma can differ between male and female soldiers.⁴⁴ It is suggested that not all people undergo posttraumatic stress disorder symptoms when faced with overwhelming trauma, and therefore, it is hard to differentiate for the study who has or who will end up developing PTSS.⁴⁵ In fact, women have a higher rate of PTSD than men do following a traumatic event. However, this study will not analyze data that separates sex, color, religion, ethnicity, or culture. The data collected to understand the effects of defensive coping mechanisms in these areas would be so great that an entire separate monograph could be dedicated to such a study.

⁴² David Holmes, 26.

⁴³ Kaplan and Sadock, 213. The delay can be as short as one week or as long as 30 years. Symptoms can fluctuate over time and may be most intense during periods of stress. About 30 percent of patients recover completely, 40 percent continue to have mild symptoms, 20 percent continue to have moderate symptoms, and 10 percent remain unchanged or become worse.

⁴⁴ Major Mary E. Card, *Leadership In Understanding and Recognizing Post Traumatic Stress Symptoms* (Fort Leavenworth, KS: Command and General Staff College, 2009), 6. "Women are more than twice as likely to develop PTSD after a trauma as compared to men; statistically 10% for women and 4% for men."

⁴⁵ Kaplan and Sadock, 211.

Lastly, this research will not cover the significant changes in behavior due to various psychotropic medications that reduce stress or impact physiological or psychological responses following stress. It is important to understand that there are indeed changes to a person's behavior to stressors due to psychotropic medications psychologically, though this study will solely focus on a leader's understanding of defensive mechanisms prior to any prescribed medications to the individual, acknowledging that these medications will most certainly have significant implications in the defensive mechanism studied.

The objective of this study is to look at the way individuals cope with stress. The highlight of this research is to identify that each person deals with stress in their own unique way. Leaders can then apply the appropriate leadership model once they understand the variety of defensive coping mechanisms that individuals experience following a stressful or traumatic event. A leader must fully understand the cause and effect to the initiation of defensive coping mechanisms prior to recommending specialized help and assistance to individuals before more severe behavioral disorders can make the situation worse.⁴⁶ With this knowledge leaders can act as stewards in order to both provide help to the individual and assist the organization in continuing on a positive path of productivity.⁴⁷

The U.S. Army as an organization has a significant need for leaders to understand the complexity of defensive coping mechanisms following traumatic and stressful events in combat.⁴⁸ Furthermore, individual leaders need to recognize that different leadership techniques must be applied for these defensive coping mechanisms and that one solution does not solve the problem for various reactions to stress and stressors.

⁴⁶ David Holmes, 26. Researchers have found "stress is a crucial link in the chain that leads to abnormal behavior."

⁴⁷ Jon P. Howell, and Dan L. Costley, *Understanding Behaviors for Effective Leadership* (Upper Saddle River, NJ: Pearson Prentice Hall, 2006), 378. Howell suggests that "the leader as steward has two functions: 1. He or she assumes responsibility for followers' welfare and development through showing support and foresight to help them prepare for the future; 2. He or she assures that the continuous learning that is encouraged will help the group or organization achieve its mission."

⁴⁸ Major Kevin Broadnax, *Combat and Operational Stress: Minimizing its Adverse Effects on Service Members* (Fort Leavenworth, KS: Command and General Staff College, 2008), 1. "The military has focused on treatment rather than prevention."

Results Analysis

The soul is dyed the color of its thoughts ... The content of your character is your choice. Day by day, what you choose, what you think, and what you do is who you become. Your integrity is your destiny ... it is the light that guides your way.

—Heraclitus, Greek philosopher and poet

U.S. Army leaders must first recognize the individual characteristics that can be identified when going through various defensive coping mechanisms. Some of these symptoms that individuals could experience are mood disturbances such as depression, anxiety, and hostility.⁴⁹ However, regardless of how minor the reaction is interpreted, leaders must recognize that if left unchecked, an individual could experience significant results such as violent behaviors, night terrors, substance dependency and sleep deprivation spiraling symptoms into greater danger.⁵⁰ A closer examination of coping strategies by Sigmund Freud, Kaplan and Sadock, and Jim McMartin are listed in this section along with the major theories for leaders to implement change within their organization. Identical coping mechanisms by the theorists listed above will be compiled to create one list.

Understanding Defensive Coping Mechanisms

Every person has some form of reaction to stress, and everyone learns to cope in his or her own unique way. It is when a person cannot fully come to terms with his coping style that significant behavioral and psychological problems will result. It is the failure to cope that manifests various long term problems for many individuals following their return home from combat. “Some soldiers withdraw and become loners, seldom or never again making friends; some express extreme anger at the events and personnel that brought them to the conflict. Some soldiers are inclined to mask their emotions.”⁵¹ All of these are behavioral deficiencies with individuals who are unable to cope and who are experiencing a multitude of defensive coping mechanisms protecting them from the very issues they cannot come to resolve psychologically.

⁴⁹ Card, 4-5. “Many service members feel shame and guilt about a traumatic event whether or not they were responsible for the event. Some service members experience many forms of mood disturbances such as depression, anxiety, and hostility.”

⁵⁰ Julia M. Whealin, Lorie T. Decarvalho, Edward M. Vega, *Strategies for Managing Stress After War*, (Hoboken, New Jersey: John Wiley and Sons, 2008), 47.

⁵¹ National Center for Post-Traumatic Stress Disorder, 76.

Lazarus and Folkman defined coping as “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person.”⁵² Sigmund Freud listed several defensive coping mechanisms while writing about the unconscious mind with the introduction of the Id, the Ego, and the Superego and the ongoing problems individuals could experience if defensive coping mechanisms were not understood and monitored appropriately.⁵³ Kaplan and Sadock recognize eight defensive coping mechanisms; however, they further state that even when an individual is faced with trauma, a majority of people do not experience posttraumatic stress disorder symptoms.⁵⁴ Kaplan and Sadock found that, “defenses are unconscious mental processes that the ego uses to resolve conflicts among the four lodestars of the inner life – instinct (wish or need), reality, important people, and conscience.”⁵⁵ Jim McMartin is the final author used for this study to identify potential defensive coping mechanisms. He narrows down his strategies to just four coping mechanisms and notes, “we cope with these painful feelings of anxiety by unconsciously adopting various mechanisms of defense.”⁵⁶ From these authors, a common set of defense mechanisms can be constructed:

The first of the defensive traits, and the most important according to Sigmund Freud, is repression, which refers to a selective type of memory mode in which threatening material is unavailable for recall, because it has been pressed down into the unconscious.⁵⁷ An individual who uses repression as a defensive mechanism will cease to think about, talk about, or experience any further thought-provoking negative reactions from the stressful event due to the unconscious mind protecting itself. It is very common for relatives to speak about their loved one’s experience in past wars with a bit of wonder and

⁵² Richard Lazarus and Susan Folkman, *Stress, Appraisal and Coping* (New York: Spring Publishing Company, Inc., 1984), 141.

⁵³ Allen, 25. Though Sigmund Freud is credited with identifying the Id, Ego, and Superego, it is his daughter Anna who is often given credit for developing the defense mechanisms. Freud further expanded on the use of defense mechanisms and believed that an “exaggerated use” of defense mechanisms could result in neuroses – “anxiety-driven patterns of abnormal behavior related to over-control of instincts.”

⁵⁴ Kaplan and Sadock, 211.

⁵⁵ Ibid., 304-305.

⁵⁶ McMartin, 144.

⁵⁷ Allen, 25.

lack of detail, explaining that stories about the war were just never shared. As one family member of a veteran stated:

My father survived the Bataan death march, escaped to Kabanatuan, was recaptured and spent three and a half years as a Japanese POW. He never spoke of the war that made a sad man of him. The very pride that helped him survive also made him unable to seek help. He died many years later from damage done by bayonet wounds and beatings he endured. Some have said he never really came back from the war.⁵⁸

This behavior is consistent with repression as the individual ceases to recall or think about the stressful events of war. There is also a considerable link between impulses and prohibitions in someone who is repressing thoughts and behaviors. “However, unacceptable or dangerous emotions and impulses may be so intense as to be uncontainable beneath the repression barrier. On a battlefield, such overwhelming emotions may include terror or rage, for example, and be accompanied by intense impulses to flee or blindly attack—the fight or flight approach. Because such intense impulses and the emotional reactions that generate them are unacceptable to the superego – or in direct conflict with other impulses, such as an urge to charge the enemy in a fit of rage may run hard against the wish to survive- the ego does its best to repress these impulses and their attendant emotions.”⁵⁹ This impulse to suddenly lash out on people is a common symptom of someone who is experiencing a repressive defensive coping strategy.

Freud calls upon the ego defense mechanism of projection as a coping strategy that protects from threat by allowing the individuals to project unacceptable traits on other people.⁶⁰ McMartin further defines projection as “seeing one’s own unacceptable feelings, attitudes, or behaviors in other people but not in oneself.”⁶¹ Kaplan and Sadock also note a defense mechanism labeled as projective identification; however, this coping strategy will not be addressed in detail since it is most commonly associated with

⁵⁸ Grossman, *On Combat* (PPCT Research Publications), 289.

⁵⁹ William Nash and Dewleen Baker, “Competing and Complementary Models of Combat Stress Injury,” *Combat Stress Injury: Theory, Research and Management* (New York: Routledge, 2007), 69-70.

⁶⁰ Allen, 25.

⁶¹ McMartin, 145. A worker, unaware of her own angry feelings toward her boss, perceives her boss to be angry with her.

individuals with borderline personality disorder.⁶² In adults, this process can involve profound distortions of reality resulting in paranoid delusions.⁶³ However, in most cases of individuals using projection as a means to cope with posttraumatic stress, they may project feelings of hatred and prejudice against foreign nationals upon returning from war. At home, a returning war veteran can project hurtful feelings or anger onto someone close to them as a way of self-preservation from his own feelings of guilt, pain, and anger.

Rationalization allows one to excuse destructive and unacceptable behavior and thoughts by resolving conflict on one's own terms.⁶⁴ This can be seen in particular with a person who excuses his or her negative behavior through his or her own self-preserving rationalization, despite the fact that the rationalization is false. For example, "hostile, punitive, and sadistic behavior toward children may be rationalized as having been provoked by them, or as motivated by concern for their welfare."⁶⁵ In veterans, this may cause individuals to act out violently and use the experiences of war and conflict to justify their behavior instead of accepting that they may have a deep-seeded psychological problem coping. One Vietnam veteran decided to become a self-appointed vigilante in his local neighborhoods so that he could relive the moments of combat against people he perceived as being bad.

Once I came on a guy raping a hooker. She was screaming and screaming, and it was easy to tell he was hurting her bad. I yelled at him, and he turned around and started reaching behind his back. He was carrying. I ran on him so fast and had his elbow before he could pull out his piece, and I pounded the shit out of him. That felt so good... After that I started bringing a meat fork to the 'Combat Zone.' You know like from a carving set with two – what do they call them – tines. I sharpened them real good. I didn't want to kill anybody, and I figured you could only stick that into somebody just so far before it stopped. When I went to the Combat Zone I never went with a gun.⁶⁶

This behavior, if left untreated, can progress into significant levels of irrational behavior although the individual will perceive their behavior to be perfectly normal. In extremis situations, this individual will eventually be unable to tell the difference between acceptable and unacceptable behavior in society.

⁶² Kaplan and Sadock, 305. It consists of three steps: (1) an aspect of the self is projected onto someone else, (2) the projector tries to coerce the other person to identify with what has been projected, and (3) the recipient of the projection and the projector feel a sense of oneness or union.

⁶³ Ian Gregory, M.D. and Donald J. Smeltzer. *Psychiatry* (Boston: Little Brown and Company, 1977), 9.

⁶⁴ Allen, 25.

⁶⁵ Gregory and Smeltzer, 9. "Spare the rod and spoil the child."

⁶⁶ Rhodes, 310.

One of the most common coping strategies for individuals after a traumatic event is referred to as being in a state of denial. Denial is the process by which a person refuses to think about or address whatever is too hard to bear.⁶⁷ Kaplan and Saddock refer to this strategy as dissociation, meaning the replacement of unpleasant affects with pleasant ones.⁶⁸ Denial, McMartin suggests, is that the external danger is not consciously perceived or acknowledged by an individual. An alcoholic who denies that alcohol causes many problems in his/her life is used as an example.⁶⁹ No matter how this coping strategy is defined it is clear that the individual who uses this coping strategy is attempting to ignore the dangers to them and this can create reckless behavior or the sense of invulnerability in individuals. “Such convictions and behavior may in extreme cases involve psychotic distortion of reality.”⁷⁰ It is easy for soldiers in a combat zone to go into a state of denial regarding the death or violent injury of a peer on the battlefield. The full impact of the grief they experience following a traumatic event is only experienced when their adaptive numbness and denial have worn off.⁷¹ Following a deployment, individuals using denial as a coping mechanism could have increased risk taking behavior such as speeding, drinking and driving, extreme sports like skydiving, or any other activity that is a threat to life. These activities are a part of the denial that anything bad can ever happen to them after experience near-death experiences in combat. This “Superman” complex can be dangerous to the individual if the behaviors continue to recklessly escalate.

When an individual begins talking and thinking at an intellectual level rather than an emotional level about what he does, or contemplates events that are threatening to him from a detached, intellectual barrier, the individual is said to be able to intellectualize traumatic events.⁷² An individual who is an intellectualizer tends to avoid the emotions engendered by thinking about the conflicts and impulses of

⁶⁷ Allen, 25.

⁶⁸ Kaplan and Saddock, 305.

⁶⁹ McMartin, 145.

⁷⁰ Gregory and Smeltzer, 8.

⁷¹ Figley and Nash, 59.

⁷² Allen, 25.

stressors in hopes of making sense of them; this coping strategy is closely related to rationalization.⁷³ In a Soldier returning to the home front, a person who intellectualizes the dangers they experienced may downplay the significance of the dangers they were in as a matter of repressing traumatic events. This is self-preserving in that the individual may downplay the true risks to their life during combat. The idea that they were merely “following orders” can also be a way to intellectualize the harmful effects of doing violent acts in war. Sniper Victor Ricketts is a perfect example of this when he stated in his journal,

It's not too pleasant to have a fellow human in one's sights, with such clarity as to be almost able to see the colour of his eyes, and to have the knowledge that in a matter of seconds, another life has met an untimely end. However, one had to be callous, after all it was, an eye for an eye, a tooth for a tooth.⁷⁴

An individual who has the ability to remember a traumatic event in detail with little to no affect (emotional responsiveness) is said to cope using a sixth defensive coping mechanism - isolation. An example in this case would be of a veteran returning from war and shutting out family members or friends who wouldn't understand the impact war has had on them. Isolation enables the individual to separate themselves from the traumatic event and “in a crisis [the individual] may show an intensification of self-restraint, overformal social behavior, and obstinacy.”⁷⁵ Isolation is often times associated with compulsive rituals such as touching or repeated washing following a traumatic event and may also constitute forms of undoing “whereby an attempt is made to alleviate guilt for unacceptable past behavior by actions of symbolic atonement.”⁷⁶ The last of Freud's defensive coping mechanisms involves erasing “bad” behavior by displaying behavior designed to reverse the effects of undesirable acts, what he refers to as undoing.⁷⁷ Jim McMartin refers to this as *reaction formation* and is defined as overemphasizing the opposite trait of one's true but unacceptable feelings.⁷⁸ The feeling of being “unclean” or “dirty” is often times associated with this coping strategy and can result in a person creating behaviors to make

⁷³Gregory and Smeltzer, 9.

⁷⁴Joanna Bourke, *An Intimate History of Killing* (London: Basic Books, 1999), 216.

⁷⁵Kaplan and Sadock, 305.

⁷⁶Gregory and Smeltzer, 11.

⁷⁷Allen, 25. Example: “Forgive me for hitting you! Let me grovel at your feet, proclaim my undying love for you, and buy you flowers.”

⁷⁸McMartin, 145. A mother resents having to care for her child and “smothers it” with love.

themselves right again. The act of undoing would be physically impossible for Soldiers returning home who might have been involved in the accidental killing of innocent civilians and children, so they utilize to the strategy of trying to undo the act by showering affection on children upon their returning home from war.

Kaplan and Sadock refer to an additional coping mechanism as being in a state of fantasy. Fantasy is most associated with eccentric persons or persons who are often labeled as schizoid. These individuals create an imaginary life, sometimes with imaginary friends, and are often times lonely and frightened individuals who fear intimacy.⁷⁹ This coping strategy represents a significant underlying psychological problem much greater than just being stress related and leaders should take this condition seriously and recommend professional counseling immediately. “Guardian angels, imaginary companions and personal patron saints whom one appeals *in extremis*,” Richard Holmes explains in his book *Why They Kill*, “are probably considerably more common and normal than mental health professionals care to admit.”⁸⁰

Some individuals may find a need to categorize the people around them into two groups of “all good” or “all bad” in an attempt to idealize some people while others are uniformly disparaged.⁸¹ This type of defensive strategy is referred to as splitting and can often be seen by persons who demonstrate a need to see a “them versus me” mentality. Joann Bourke writes of a Vietnam veteran, who remarked, “I thought people were... uh... I mean I was kind of paranoid. I thought everybody knew... I thought everybody knew what I did over there and that they were against me. I was scared. I felt guilty.”⁸² This behavior is specifically seen amongst individuals who feel as if their actions are constantly ridiculed or ignored by superiors or against individuals in superior positions. Over a period of time, an individual experiencing this coping strategy could create a significant distrust and paranoia to superiors or people in

⁷⁹ Kaplan and Sadock, 304-305. It is suggested that persons experiencing a fantasy coping strategy should be dealt with by leaders with understanding and reassurance.

⁸⁰ Rhodes, 310-311. Rhodes documents these fantasy individuals as “phantom companions” and to abandon this habit of creating an imaginary friend is almost like betraying lost comrades once a Soldier has returned home.

⁸¹ Kaplan and Sadock, 305.

⁸² Bourke, 217.

authoritative positions. This can be associated with individuals who blame combat leaders for the death of members of their unit or for not being able to stop the hostile action they experienced in combat.

In passive aggressive defenses, the anger is turned against the self and includes failure, procrastination, silly or provocative behavior, self-demeaning clowning, and self-destructive behavior such as wrist cutting. This defense mechanism engenders negative emotional reactions such as anger toward others, presenting because the individuals feel that they themselves have been assaulted.⁸³ Sometimes known as retroflexion, this is another defense against intolerable impulses such as hostility and the consequence is lowered self-esteem, self-accusation, and depression.⁸⁴ Dave Grossman and others may refer to this as survivor guilt and a considerable amount of research could be applied to this form of coping mechanism. Because the outward change to behavior is often noticed by family members and peers this coping strategy is seen amongst mental health professionals as a key indication to a combat operational stress reaction. This reckless and undisciplined behavior could be misinterpreted by leaders but if left undiagnosed could result in the individual committing suicide or increased illegal drug use.

Individuals who are said to be acting out tend to show behaviors of losing control and can, at times, be extremely dangerous to others. Tantrums, apparently motiveless assaults, child abuse, and pleasure less promiscuity are common examples of acting out.⁸⁵ The transfer of dangerous hostility against people of foreign countries who are perceived as enemies is often referred to as displacement of affect whereby a feeling is redirected from the original object or person onto a more acceptable or less dangerous substitute.⁸⁶ As one Vietnam veteran stated,

I carried this home with me. I lost all my friends, beat up my sister, went after my father, I mean, I just went after anybody and everything. Every three days I would totally explode, lose it for no reason at all. I'd be sitting there calm as could be, and this monster would come out of me with fury that most people didn't want to be around. So it wasn't just over there. I brought it back here with me.⁸⁷

⁸³ Ibid., 305. In psychoanalytic terminology it is most often termed masochism.

⁸⁴ Gregory and Smeltzer, 10.

⁸⁵ Kaplan and Sadock, 305.

⁸⁶ Gregory and Smeltzer, 10. Substitution is similar to displacement but involves replacing a murderous impulse with a minor aggression or releases it in some impersonal destructive act such as striking a punching bag or lifting weights.

⁸⁷ Rhodes, 309.

The last of the defensive coping mechanisms addressed in this section is the coping mechanism sublimation and is most acknowledged as redirecting unacceptable thoughts and impulses into socially acceptable and useful behavior.⁸⁸ “This is the defense considered most important to society as a whole, since it consists of diverting unacceptable instinctual drives into personally and socially acceptable channels.”⁸⁹ For example, a Soldier who learns violence and death could be called to become a police officer or become a boxer or fighter because the occupation is socially acceptable for the brutality and level of force that he may need to partake in from time to time. These individuals will also be driven by power and control over others. On the opposite side of this need to seek a moral acceptance for behavior is the example of Father George Zabelka who sought forgiveness for their wartime atrocities by becoming an active peace campaigner.⁹⁰

In summary, each defensive coping mechanism, regardless of how strong, has significant potential to become something much more serious if left unrecognized and untreated.

Table 1. Defensive Coping Mechanisms

TYPES OF DEFENSIVE COPING MECHANISMS	POTENTIAL REACTIONS
Repression	violent behavior, terror, rage, nightmares
Projection	associated with individuals who are borderline personality disorder
Rationalization	hostile, punitive, and/or sadistic behavior
Denial or Dissociation	reckless behavior such as speeding or drinking and driving
Intellectualization	isolation from others who shared the experience, failure to discuss
Isolation, Undoing or Reaction Formation	compulsive behavior, intensification of self-restraint, overformal social behavior, and obstinacy
Fantasy	associated with schizoid personality disorder, failure to adjust to normal life
Splitting	distrust and/or paranoia to persons of authority, isolation, anti-social
Passive Aggression	anger, procrastination, self-destructive behavior, self-demeaning, low self-esteem, depression, amongst the most commonly diagnosed
Acting Out	Tantrums, motiveless assaults, child abuse and pleasure less promiscuity
Sublimation	Dominating or overbearing behavior to be in charge or seek control

⁸⁸ Martin, 145. An egotistical man becomes a college professor who is the center of attention whenever he lectures.

⁸⁹ Gregory and Smeltzer, 10.

⁹⁰ Bourke, 361.

In fact, most of these symptoms to extreme behavioral and social problems can go misinterpreted and misidentified making the individual feel more isolated and alone in dealing with their emotional wounds from war. In summary, major defensive coping mechanisms identified in this section are listed in Table 1. This table will be used as a quick reference throughout the paper as the examples of potential reactions by combat veterans are specifically linked to a type of coping mechanism.

A Leader's Approach

Now that a leader understands defensive coping mechanisms, it is important to address leadership techniques to overcome the problems associated with individuals experiencing difficulties adjusting to combat stress. Nash and Baker identified in a report on combat stress injury that “the primary determinants of resiliency on a battlefield are the strength of each individual’s character and the effectiveness of their leadership.”⁹¹ Lord Moran stated, “leadership... is the capacity to frame plans which will succeed and the faculty of persuading others to carry them out in the face of death.”⁹² In a study conducted in 2009, Vogelaar found that the attributes of leaders who can be trusted in combat by their followers are in rank-order of importance: competent, loyal, honest and good integrity, leads by example, self-control (stress management), confident, courageous (physical and moral) shares information, personal connection with subordinates, and demonstrating a strong sense of duty.⁹³ These same traits of combat leaders should in no way have any change to leadership post-deployment.

Leaders are faced with two significant challenges as addressed by Ad Vogelaar. First, a leader’s knowledge of the individual’s behavior can lead to negative consequences. This is particularly true if the individual is attempting to cover-up or hide the abnormal behavior associated with failing to adapt to normal life after combat. In some cases, an individual having a difficult time adjusting back to life following combat will not seek out professional help and, at times, will make extreme efforts to avoid

⁹¹ Nash and Baker, 67.

⁹² Moran, 180.

⁹³ Ad Vogelaar, Coen van den Berg and Thomas Kolditz, “Leadership In the Face of Chaos and Danger.” *Managing Military Organizations: Theory and Practice*, ed. Joseph Soeters, Paul van Fenema and Robert Beeres (New York: Routledge, 2010), 121-122. “One of the immediate effects of such ‘good’ leadership as perceived by subordinates is a lower percentage of soldiers screened for mental health problems after frequent combat experiences (Mental Health Advisory Team IV 2006).”

being labeled as sick, weak, or any number of names that give a negative association. Second, the example of leadership during *in extremis* situations, where followers believe that leader behavior will influence their physical well-being or survival.⁹⁴ This is particularly important in cases where servicemen and women may think that any diagnosis of a mental disorder or psychological problem would result in the end of a career path or a future disqualification from a future job. During future combat experiences the individual may question the leader's actions and directions on the battlefield specifically to avoid a repeat of the stressors associated with a negative or traumatic event.

Howell and Costley stated in *Understanding Behaviors for Effective Leadership* that "the leader as steward has two functions: 1. He or she assumes responsibility for followers' welfare and development through showing support and foresight to help them prepare for the future; 2. He or she assures that the continuous learning that is encouraged will help the group or organization achieve its mission."⁹⁵ The loss of a fellow soldier can result in people exhibiting behaviors and reactions consistent with bereavement such as anger, anxiety, depression and oftentimes people are not aware of the origin of their feelings, reactions, and behaviors.⁹⁶ The National Center for Post-Traumatic Stress Disorder stated that, "soldiers surviving a traumatic loss in the war zone will be more likely to mask intense feelings of sadness, pain, vulnerability, anxiety, anger and guilt. Therefore, it is important to assess and respect the individual soldier's ability to cope and manage these feelings at any time."⁹⁷ These feelings will inevitably follow the individual home after the deployment and this is the challenge that faces leaders today. Leaders help the individual and the group or organization continue to accomplish their missions at home while preparing for future operations.

Leaders should take an active role in identifying and assisting members of their team to seek professional help. The following model has been developed from several leadership constructs. Applying the principles leaders can effectively learn about the abnormal reaction to stressors, how to identify

⁹⁴ Ibid., 121.

⁹⁵ Howell and Costley, 378.

⁹⁶ Scheafer, 3.

⁹⁷ National Center for Post-Traumatic Stress Disorder, 77.

correctly when there is a problem, and plan for future situations where other could potentially have the same negative reactions demonstrated in the previous paragraphs. Each of the leadership theories suggested, in some manner, that there was indeed a way for leaders to act on this dilemma. Leaders can better understand the process by the following four areas: First, leaders must recognize that there is a problem. Second, leaders must be supportive to an individual's change post-conflict. Third, leaders must constantly seek to create positive change in the organization. Finally, leaders must take time to prepare individuals for the stressors of conflict through tough and realistic training.

Recognizing the Problem

Before a leader can assist an individual, the leader must do is recognize that there is a problem or that the individual is demonstrating behavior that could be a potential problem in the future. Attacks by the enemy such as Improvised Explosive Devices (IEDs), ambushes, sniper attacks, bombings, and operating in areas of extreme danger increase the likelihood that individuals will need to cope with stressors. Leaders must understand that no one person deals with stress and conflict in the same manner, and it is important to treat every individual as a unique case. Having knowledge and understanding about the various defensive coping mechanisms listed in this report a leader can determine if there is an underlying psychological problem or if it is something less serious. Recognizing the problem is the responsibility of all the leaders in the chain of command. However, these leadership techniques should never replace professional medical treatment and should not be used as a prescription but instead viewed as a guideline.

The Veteran's Administration (VA) has a list of surveys that leaders can access through the National Center for PTSD. There are surveys for individuals to take pre-deployment which help to highlight possible risk factors prior to the organization departing from the United States to a war zone. There are a second set of surveys dedicated to practitioners who are deployed in a theater of operations and take into consideration the war-zone factors leading to undiagnosed and harmful coping strategies leading to PTSD. The last set of surveys is to be conducted by units and organizations returning from the

war-zone and recognizing post-war factors that exacerbate harmful defensive coping mechanisms leading to PTSD.⁹⁸

Recognizing that there is a problem with an individual starts with understanding all of the defensive coping mechanisms. However, there is a shortcut to recognizing underlying effects to an individual's inability to cope. These symptoms can include any single sign or a combination of signs such as severe dissociation; severe intrusive re-experiencing, such as flashbacks or nightmares; extreme avoidance; severe hyper-arousal, such as panic episodes; terrifying nightmares; difficulty controlling violent impulses; inability to concentrate; debilitating anxiety; severe depression; problematic substance use; and/or psychotic symptoms such as delusions, hallucinations, bizarre thoughts or images.⁹⁹

Being Supportive

Being supportive in a time of need is critical for any leader and follower especially when it is dealing with the psychological trauma an individual is experiencing after combat. "A soldier may be relieved to know that someone understand how he or she feels after losing a buddy, or experiencing other losses including civilians or multiple deaths in the field," according to the *Iraq War Clinician Guide*. Lieutenant General William Pagonis recognized the need for the understanding leader when he wrote, "To lead successfully, a person must demonstrate two active, essential, interrelated traits: expertise and empathy"¹⁰⁰ and being supportive is the best way to show empathy to a Soldier's struggle with posttraumatic events. An organization that perceives the individual as weak or unable to 'manly' cope with combat is unhelpful at best. In fact, it is suggested that the worst thing that a Soldier can be treated like during this time is a patient, and treating a Soldier as anything other than someone dealing with the

⁹⁸ National Center for PTSD. *Deployment Risk and Resilience Inventory (DRRI) Measures*. March 2011. <http://www.ptsd.va.gov/professional/pages/assessments/list-drri-measures.asp> (accessed March 25, 2011).

⁹⁹ National Center for PTSD. *Effects of Traumatic Stress after Mass Violence, Terror, or Disaster*. March 2011. <http://www.ptsd.va.gov/professional/pages/stress-mv-t-dhtml.asp> (accessed March 2011).

¹⁰⁰ William Pagonis, "Leadership in a Combat Zone," *Harvard Business Review* (Harvard: The Harvard Press, 2009), 61.

stress of combat can further complicate his condition.¹⁰¹ Such counterproductive organizational behavior does nothing for the individual and creates a harmful command climate.

The most critical thing that a leader can do during this time of conflict for an individual is to be supportive to the changes the individual is experiencing.¹⁰² Supportive leadership behavior “involves showing concern for the status, well being, and needs of followers; demonstrating a kind, considerate, and understanding attitude regarding followers’ problems; and fostering followers’ professional development. Supportiveness is common in effective leaders. Its importance has been well established in industrial, military, educational, human service, and governmental organizations.”¹⁰³ Leadership author Paul Malone introduced six principles of human problem solving as well as valid and necessary ways for leaders to implement change within the individual and the entire organization. The six principles are:

- First, the leader should be viewed as a sympathetic and empathetic friend with power and some experience at dealing with human problems.
- The leader should counsel subordinates that he/she has the time and interest for the discussion of personal problems.
- The leader should counsel subordinates in an environment that provides for privacy. The leader should develop the qualities of a good listener who will keep all personal discussions in the strictest confidence.
- The leader must be aware of his/her personal limitations and avoid exceeding his/her personal ability to assist. With this in mind, the leader should keep a list of sources of various types of professional assistance (psychiatric, religious, welfare, legal, financial, etc.) readily available.
- The leader should be cautious to avoid creating in the mind of the subordinate unrealistic expectations concerning the resolution of problems. However, it should be recognized that the willingness to listen is, in itself, a form of therapy in many cases.
- The leader must develop a philosophy concerning how far he/she will go to assist a troubled subordinate.¹⁰⁴

If implemented effectively, the supportive leadership model and supporting role of the leader can assist the individual, and the organization as a whole, when harmful symptoms of posttraumatic stress response are detected.

¹⁰¹ Dale Flora, *Battlefield Stress: Causes, Cures and Countermeasures* (Fort Leavenworth, KS: U.S. Army Command and General Staff College, 1985), 31-32.

¹⁰² Northouse, 128.

¹⁰³ Howell and Costley, 64.

¹⁰⁴ Paul B. Malone, III, *Love ‘Em and Lead ‘Em* (Annandale, VA: Synergy Press, 1986), 140.

Howell and Costley further state the importance of a supportive leadership on the organization as increasing followers' commitment to the organization and satisfaction with their supervisor, work and overall job situation, lowers organizational stress, increases job harmony, cohesiveness and helpfulness, reduces grievance rates, tardiness and absenteeism.¹⁰⁵ This type of behavior in leadership approach can have significant effects in creating dramatic changes in the organization for the better.

Creating Change In The Organization

The Situational Approach leadership model focuses on four fundamental styles of directive and supportive behavior, which consist of delegating, supporting, coaching, and directing.¹⁰⁶ The situational approach suggests that a leader must make varying decisions and varying implementation measures based on the significance and level of leadership needed in the organization. Each of these four styles help to facilitate change with leader and subordinates. This is particularly useful in understanding how leaders should react to individuals experiencing a multitude of varying coping strategies. The individual reaction and the level of help a leader provides will be different because not every individual experiences stress and stressors the same. In instituting change in the organization the situational approach is an ideal model because each of the four styles vary.

Transformational leadership, as described in Peter Northouse, "is the process whereby a person engages with others and creates a connection that raises the level of motivation and morality in both the leader and the follower. This type of leader is attentive to the needs and motives of followers and tries to help followers reach their fullest potential."¹⁰⁷ James McGregor Burns first wrote about transactional and transformational leadership in 1978, and today, transformational leadership continues to be studied by leadership and business management theorists. Burns stated that "leaders can also shape and alter and

¹⁰⁵ Howell and Costley, 84.

¹⁰⁶ Northouse, 90-94. Delegating and directing are directive behavioral styles in leadership and potentially could serve little use during the assistance helping individuals with posttraumatic stress symptoms. Northouse suggests in his model that the best leadership approach is by through the coaching and supporting style. "Situational leadership is easy to understand, intuitively sensible, and easily applied in a variety of settings."

¹⁰⁷ Northouse, 172. Peter Northouse recognizes that the first author on transformational leadership was James McGregor Burns who is also a source of the leadership approach in this study.

elevate the motives and values and goals of followers through the vital teaching role of leadership.”¹⁰⁸

Transforming leadership also plays a part in raising the moral effect of both the leader and the led by increasing the level of human conduct and ethical aspiration according to Burns.¹⁰⁹

People and organizations fail to adjust and adapt to changing situations for several reasons according to Ronald Heifetz. “In some cases they may misperceive the nature of the threat. People can respond only to those threats they can see. In some other cases the society may perceive the threat, but the challenge may exceed the culture’s adaptive capability. Finally, people fail to adapt because of the distress provoked by the problem and the changes it demands. They resist the pain, anxiety, or conflict that accompanies a sustained interaction with the situation.”¹¹⁰ A leader must persuade the individual that the internal problems they are experiencing are normal reactions to stressors and a leader must persuade the individual to seek help. Without the participation of the individual during this time it is possible that the leader will be perceived as personally attacking the individual and this creates more distance between the leader and the led. The individual must first admit that they are susceptible to the problem and that the problem is severe. The confidence in leader decisions should help persuade the individual that recommended actions and treatments will be effective in solving the problems and that the individual is personally capable of overcoming threatening defensive coping mechanisms.¹¹¹

Preparing Individuals For The Stressors of War

Through the proper training of Soldiers and leaders, it is possible to identify potentially less dramatic behavioral changes in negative coping strategies and increase positive coping strategies.

Preparing individuals for post-war conflict begins well before the combat is ever experienced by the unit or the individual. The training that Soldiers receive before they deploy into harm’s way can significantly

¹⁰⁸ Burns, 425-426. “The premise of this leadership is that, whatever the separate interest’s persons might hold, they are presently or potentially united in the pursuit of ‘higher’ goals, the realization of which is tested by the achievement of significant change that represents the collective or pooled interests of leaders and followers.”

¹⁰⁹ Thomas J. Wren, *Leader’s Companion* (New York: The Free Press, 1995), 101.

¹¹⁰ Heifetz, 37.

¹¹¹ James Olson and Graeme Haynes, “Persuasion and Leadership” *Leadership at the Crossroads* (Westport, CT: Praeger Publishers, 2008), 207. This example is specifically used to address threatening persuasion but the basis of the persuasion also works in this particular case because the threat by the leader is one of judicial implications for failure to maintain a military discipline. It is stated that if the individual supports the ideas of the leader to implement change in themselves that then, the individual will feel motivated to protect himself or herself.

decrease the amount of stress experienced by the unit as a whole. Morale, unit cohesion, and direct leadership play a role in implementing this training model for the unit and its effects can be seen throughout the previous U.S. wars. Training men for the horrors of combat takes innovation and creativity. Such training includes fatigue, hunger, stress, and environmental challenges. British General Rupert Smith calls morale “the spirit that triumphs in the face of adversity – and it is crucial.”¹¹² Heifetz surmised that “exercising leadership from a position of authority in adaptive situations means going against the grain. Rather than fulfilling the expectation for answers, one provides questions; rather than protecting people from the outside threat, one lets people feel the threat in order to stimulate adaptation; instead of orienting people to their current roles, one disorients people so that new role relationships develop; rather than quelling conflict, one generates it; instead of maintain norms, one challenges them.”¹¹³ Psychologist F. C. Bartlett emphasized the correlation of physical exhaustion on stress when he stated, “In war, there is perhaps no general condition which is more likely to produce a large crop of nervous and mental disorders than a state of prolonged and great fatigue.”¹¹⁴ It is only through the constant presence of stress in training that the result of stress related symptoms significantly decreases.

One way for leaders to begin the process of decreasing combat related stress is to put stress into training prior to a deployment to foster positive unit cohesion and morale. A way to decrease a person’s susceptibility to combat stress by increasing the amount of stress on the unit during training and well before the unit faces situations in combat. This serves two purposes. It increases morale of the unit and builds upon the potential to face adversity in combat. It has the potential to also increase the personal courage in people. The importance of courage was stated by war theorist Carl von Clausewitz many times

¹¹² General Rupert Smith, *The Utility of Force* (New York: Vintage Books, 2005), 243.

¹¹³ Heifetz, 126.

¹¹⁴ David Grossman, *On Killing: The Psychological Cost of Learning to Kill In War and Society* (New York: Little, Brown and Co., 1995), 69.

throughout his book *On War* as he states simply, “war is the realm of danger; therefore courage is the soldier’s first requirement.”¹¹⁵

Military training programs are designed to increase the stress level of individuals through the use of sleep deprivation, food rationing, physical endurance, and increasing the number of tasks an individual needs to accomplish escalates the stress level of individuals. This stress inoculation training is designed to make a person experience as much stress as possible and decrease the amount of stress the individual will experience when facing real operational stress in the future. “If we have to adapt to noise, pain, or fear, for instance, then we may need to monitor ourselves. We have to manage our reactions to the stressor. Now we have two things to do: make the decision and cope with the stressor. The more tasks we have to juggle, the worse we generally do.”¹¹⁶ There can be many benefits to training individuals in stressful and combat-like situations to decrease the negative responses to stress and increase experience to the point that stressful situations become second nature and automatically responded.¹¹⁷ Stress arousal training will also allow leaders to see the “real person” who is more impulsive, less concerned with consequences, less controlled and less “mature”.¹¹⁸

Increasing the level of stress in the organization can also bring the members of the group closer together and increase morale in the unit.¹¹⁹ As stated by Major Dale Flora, “cohesion is the only meaningful force that can effectively prevent combat psychiatric casualties. Cohesion is created by the stress of combat and serves as a remedy against it. In the absence of stress the need for group cohesion is not distinctly felt. It is felt in time of danger. Cohesion may be viewed as a group defense mechanism.”¹²⁰ For example, a Marine who was wounded talked about the need for him to get back to his unit because of

¹¹⁵ Clausewitz, 101. Clausewitz also states, “Courage is two kinds: courage in the face of personal danger, and courage to accept responsibility, either before the tribunal of some outside power or before the court of one’s own conscience. Courage may result from such positive motives as ambition, patriotism, or enthusiasm of any kind.”

¹¹⁶ Gary Klein, *Sources of Power* (Cambridge, MA: MIT Press, 1998), 276.

¹¹⁷ Chemers and Ayman, 17. “If a situation is so stressful and anxiety arousing that ‘it is difficult to think straight’, the individual typically reacts with reflexive, automatic behavior that has worked well on previous occasions.”

¹¹⁸ Ibid., 20. “Anxiety, stress, and uncertainty cause leaders to fall back on behavior and ideation that was previously learned, or that stems from an earlier phase of the individual’s development.”

¹¹⁹ Smith, 243-244 “The will to triumph in the face of an opponent in adversity on the battlefield is called morale, and it is a product in the first instance of leadership, discipline, comradeship and self-respect.”

¹²⁰ Flora, 55.

his desire to be a part of that team and not letting his fellow unit members down. The individual summed up the need for training a unit to become a cohesive and well-disciplined entity prior to combat when he remarked:

I understand, at last, why I jumped hospital... in violation of orders, returned to the front and almost certain death. It was an act of love. Those men on the line were my family, my home. They were closer to me than I can say, closer than any friends had been or ever would be. They had never let me down, and I couldn't do it to them. I had to be with them, rather than let them die and me live with the knowledge that I might have saved them. Men, I now knew, do not fight for flag or country, for the Marine Corps or glory or any other abstraction. They fight for one another.¹²¹

The U.S. Army Field Manual for Combat Stress recommended ways for leaders to implement change in their organization prior to a deployment to reduce the likelihood of combat stress reactions and post-traumatic stress. The most potent countermeasures to confront combat stress and to reduce psychological breakdown in combat are:

- Admit that fear exists when in combat
- Ensure communication lines are open between leaders and subordinates
- Do not assume unnecessary risks
- Provide good, caring leadership
- Treat combat stress reactions as combat injuries
- Recognize the limits of Soldier's endurance
- Openly discuss moral implications of behavior in combat
- Reward and recognize Soldiers and their families for personal sacrifices¹²²

Each of these leadership approaches outlined in the Field Manual are not specific to a particular coping mechanism. These countermeasures are introduced in a U.S. Army field manual; however, these techniques are only effective if this information is disseminated among all levels of the Army. There must be a link between leaders identifying the negative coping strategies used by individuals and the implementation of proper leadership intervention or, in more serious cases, recommended for increased psychiatric care.

¹²¹ John Lynn, *Battle* (CO: Westview Press, 2003), 255.

¹²² Headquarters, Department of the Army, *Field Manual 6-22: Stress in Combat* (Washington, DC: U.S. Army, 2006), 10-4 – 10-5.

Summary of Analytical Results

There are various coping mechanisms that individuals could potentially experience following a deployment into a hostile or non-hostile environment. Although each coping mechanism is unique in emotional response, they must not be taken as precursors to being diagnosed with Posttraumatic Stress Disorder or any other mental health issues. In fact, the National Center for Post-Traumatic Stress Disorder stated that, “delaying grief may well postpone problems that can become chronic symptoms weeks, months and years later.”¹²³ However, every person deals with the stress of combat in their own unique way and the list of defensive coping mechanisms are listed as the most common types of coping strategies used by individuals following a traumatic event such as near death experiences or the horror of war. The major coping mechanisms identified in this report are:

- Repression
- Projection
- Rationalization
- Denial or Dissociation
- Intellectualization
- Isolation, Undoing or Reaction Formation
- Fantasy
- Splitting
- Passive Aggression
- Acting Out
- Sublimation

However, leaders can take into account the four critical steps to this leadership approach to help members of their units and facilitate change in the organization. The critical leadership approaches outlined in this report are to recognize the problem, be supportive, create change in the organization to support, and prepare individuals for post war conflict as a continuous effort. The various leadership approaches discussed in this section take a significant step toward the education of leaders on defensive coping mechanisms. The lack of a continued education system that discusses the causes, symptoms and long-term effects of undiagnosed and unrecognized psychological stress will only contribute to an increased case of PTSD in the long term. Leaders can implement change by understanding the links

¹²³ National Center for Post-Traumatic Stress Disorder, 77.

between untreated combat stress symptoms and PTSD. This begins with the education of both Soldiers and leaders, followed by deliberate counseling of individual Soldiers by leaders in hopes to discuss the effects of combat on their mental health, and the need for leaders to implement combat-focused training that is tough and realistic to increase overall resiliency.

Conclusions and Recommendations

You see, it is not about killing, and it is not about dying. We are not all called to kill, and we are not all called to die, but we are all called to serve our civilization in this dark hour. It's about preserving and protecting. It is about serving and sacrificing. It is about doing a dirty, desperate, thankless job, every day of your life, to the utmost of your ability, because you know that if no one did that job our civilization would be doomed.

—Lt. Col. Dave Grossman, *On Combat*

Coping with the stress of combat and all of the horrific associations with the life-threatening events that occur can lead to significant, long term effects physically, mentally and emotionally. Significant research over the years has developed an understanding of the defensive coping mechanisms that people undergo following a traumatic event such as combat action. Defense mechanisms are experienced by every individual that form part of the unconscious adaptive repertoire that protect the individual against conscious awareness of painful thoughts, feelings, or perceptions, and they range from the most mature and effective defenses such as altruism, suppression, and humor to the least mature defenses such as a splitting and projection.¹²⁴

Undetected or unresolved coping strategies can lead to significant health risks and long-term psychiatric problems, such as depression, violent behavior, substance abuse, and other high-risk behaviors.¹²⁵ Philip Caputo diagnosed himself as having “combat veteranitis” from his own symptoms and described his post-conflict struggle as “an inability to concentrate, a childlike fear of darkness, a tendency to tire easily, chronic nightmares, an intolerance of loud noises – especially doors slamming and cars backfiring – and alternating moods of depression and rage that came over me for no apparent reason.”¹²⁶ Jonathan Shay referred to the “ruins of character” in his 1996 book, *Achilles of Vietnam*, when he links the causes of severe psychological damage to those veterans returning from the Vietnam War who received no help from the federal government.¹²⁷ Richard Holmes suggested that unresolved post-

¹²⁴ William P. Nash, “Combat/Operational Stress Adaptations and Injuries,” *Combat Stress Injury: Theory, Research, and Management* (New York: Routledge, 2007), 42.

¹²⁵ National Center for Post-Traumatic Stress Disorder, 30. “[O]ne must immediately attend to symptoms that may require emergency intervention such as significant suicidal or homicidal ideation, hopelessness, self-injurious behavior and/or acute psychotic symptoms.”

¹²⁶ Richard Holmes, 401.

¹²⁷ Rhodes, 297. Rhodes states in his study that nearly a third of Vietnam combat veterans continue to struggle with combat trauma.

war conflict could lead to individuals experiencing a “permanent state of disorganization” where it is hard for the individual to separate being home and psychologically still being at war.¹²⁸ These psychological problems can be reduced in severity if leaders are aware of the issues that individuals may go through following their return from combat. It is only through the education of leaders in the military that we make a significant difference in the number of mental health problems facing our military after 10 years of combat in Iraq and Afghanistan.¹²⁹ The research presented here agrees with Major Broadnax when he concluded “leaders must identify the risk factors of combat operational stress on service members and themselves before they deploy to conduct combat, stability and reconstruction operations, or any other military actions that are inherently stressful.”¹³⁰ Leader development and proper screening of individuals post-deployment can make a difference in providing proper mental health care for individuals and increasing the productivity of the organization.

Conclusions

The eleven defensive coping mechanisms must be taken seriously, as noted by the findings in this report. Further, as emphasized, each individual person reacts to stress in a qualitatively different manner, and at times, under an extended period of time prior to the appearance of symptoms. The readjustment back into normal daily life can be uncomfortable and difficult for many. Many will find reintegration almost impossible as they grow comfortable with the chaos and danger of war, failing to readjust back to a life they knew before the war. The difficulty in transitioning back to life before a deployment can be overwhelming if it is a life that is all but different than before they left to fight.¹³¹ If left undetected and unresolved it is extremely likely that individuals could progress to more serious abnormal behavioral

¹²⁸ Rhodes, 311.

¹²⁹ Danny Koren et al., “Combat Stress Management: The Interplay Between Combat, Physical Injury, and Psychological Trauma”, *Combat Stress Injury: Theory, Research and Management* (New York: Routledge), 131. “It should be stressed that early diagnosis and intervention by professionals in the field of trauma or by medical staff trained to perform therapeutic interventions in acute stress reactions may reduce trauma-related mental disorders.”

¹³⁰ Broadnax, 41.

¹³¹ Richard Holmes, 400-401.

conditions.¹³² The U.S. Army field manual FM 6-22.5, *A Leader's Guide for Combat and Operational Stress (Small Unit)*, recognized the need to develop leaders to recognize symptoms of post-traumatic stress symptoms. The newest Army term is Combat and Operational Stress (COS). This label acknowledges that "the effects of COS are experienced by ALL Soldiers spanning all phases of military operations in both peace and war."¹³³ However, even without the diagnosis of PTSD in individual Soldiers it must be understood that not all coping mechanisms lead to symptoms that are inherently detected by those who are not mental health practitioners. In fact, most cases of extreme difficulties to coping with post-combat stress are not detected for years. This is primarily due to people using a coping strategy that may repress certain emotions and feelings about war and the experiences they have had in combat.

There is still a great chance for the leadership in the Army to make a considerable difference in the training and preparation of individuals despite the increase in the U.S. Army of individuals seeking mental health counseling post-conflict. Increasing the amount of experience facing stress during training could build up a level of resiliency, thereby significantly decreasing the traumatic and life-changing results of combat operational stress on the future battlefields. The greater the experience dealing with stressful events, the less likely stress will play a part in the psychological defenses in individuals who are not already predisposed to psychological problems.¹³⁴

The U.S. Army can alleviate this very serious problem through leadership training. Leaders must understand how to recognize the various defensive coping mechanisms, how to deal with individuals who are suffering from posttraumatic stress reactions, and how to conduct extensive and rigorous training that increases the level of stress, promoting unit morale, individual courage, and uniquely increases the

¹³²David Holmes, 28. First, the defenses may reduce stress, but the behavior involved in the defenses may be abnormal. Second, the defenses may not be effective, so the psychological component of stress will persist, resulting in anxiety or, if prolonged, possibly depression. Third, the defenses may not be effective, so the physiological component of stress will persist, and that high level of arousal can lead to physical problems such as coronary artery disease and headaches. Forth, if the defenses are not effective, the stress may trigger a predisposition and result in disorders such as depression or schizophrenia.

¹³³Broadnax, 28.

¹³⁴Fred E. Fiedler, *Leadership Experience and Leadership Performance* (Washington: U.S. Army Research Institute for the Behavioral and Social Sciences, 1994), 29-44.

resiliency in individuals to deal with greater amount of stress on the battlefield.¹³⁵ The U.S. Army will continue to face the difficulties of post-war conflict arising from psychological problems and mental illness, resulting in this nation caring for service members and spending millions of dollars. “To the best of our ability,” Dave Grossman writes, “[we] need to comprehend some of the combat truths learned and experienced by these returning servicemen and women. Their perspectives and their personal experiences will shape each of them and our society in large and small ways for years to come.”¹³⁶

Recommendations

The U.S. Army has already identified a significant need to monitor posttraumatic stress symptoms of individual soldiers redeploying from the theaters of Afghanistan and Iraq by implementing the Post-Deployment Health Reassessment (PDHRA). The PDHRA recommends screening Soldiers 90-180 days following their time in a combat zone by mental health professionals, and specifically targets physical and behavioral health concerns that may have emerged following the redeployment.¹³⁷ This program has been the direct result of studies identifying the need for mental health professionals to monitor individual’s post-traumatic behavioral changes over time: a problem that has been significantly overlooked following post-combat redeployment.¹³⁸ However, this does not take into account that the PDHRA is only attempting to recognize psychological problems within 180 days although the research presented here suggests that defensive coping mechanisms can be undetected for years and that PTSD can take up to ten to fifteen years in some individuals before it is evident to diagnosis.

¹³⁵ National Center for Post-Traumatic Stress Disorder, 30. “the best way to develop a treatment plan for a veteran with diverse complaints is to develop a case formulation to functionally explain the potential relationship between the symptoms in order to develop a comprehensive treatment plan. Substance abuse, disordered eating, and avoidance of trauma-related cues may all represent attempts to avoid thoughts, feelings and images of trauma-related experiences. Thus, developing an intervention that focuses on avoidance behavior per se, rather than on specific and diverse symptoms of avoidance, may be a more effective treatment strategy.”

¹³⁶ Grossman, *On Combat*, 333.

¹³⁷ Lt. Col. Sophia Tillman-Ortiz, “Safe and Sound From Downrange.” *Soldiers*, July 2010, 10-13.

¹³⁸ Ibid., 11-12 Col. Rhonda Earls, the PDHRA program director says, “The stress of war couldn’t really be quantified back then. We had an understanding of what these stresses were, but with the PDHRA, we were able to match these issues with a real number for the first time, and offer a call-to-action for the Department of the Army to address.”

Despite these changes in the U.S. Army in the monitoring of posttraumatic stress symptoms with the use of the PDHRA, very little has been done to inform and educate leaders on what they personally can do to assist individuals struggling with stress related behavioral changes following combat action. It is imperative that the U.S. Army put as much emphasis and focus on leader development, specifically with the education of both officers and non-commissioned officers, so that as a learning organization the Army as a whole can improve and grow from post-combat activities.¹³⁹ Leaders must understand the critical link between early detection and the natural healing process of stress. Just as it is necessary to heal from physical wounds, emotional and psychological wounds can be healed as well. However, identifying the inability to cope with defensive countermeasures to stress post-deployment is only a fraction of the way forward for the U.S. Army. It involves a top-down education process for leaders to identify symptoms of stress and make the necessary changes within their own organizations to reduce the long term effects of stress and ultimately decreasing the risk of long term posttraumatic stress symptoms.

If the U.S. Army cannot cope with the increasing number of posttraumatic stress symptoms, such as an individual's inability to grow positively from defensive mechanisms, then leaders will ultimately see an increase of individuals being diagnosed with PTSD and ultimately a rise in Veterans Affairs medical treatment far beyond a Soldier's service to the country, having an impact for decades. Leaders must be able to differentiate between those who have normal stress reactions and those who could have hidden or undetected psychological problems resulting in serious traumatic stress injuries. The impact of mental health disability from returning Vietnam Veterans is a direct lesson that can be learned by today's policy makers in the U.S. Army as those who returned from war were not offered appropriate help and continue to struggle with combat stress injuries.¹⁴⁰ "Vietnam veterans," Joann Bourke suggests, "were most susceptible to adverse effects because of their extreme youth, poor battlefield leadership, lack of unit

¹³⁹ Card, 2. "The nature and number of deployments over the last several years in support of the global war on terror necessitate military leaders increasing their understanding and recognition of Post Traumatic Stress Symptoms (PTSS) and PTSD.

¹⁴⁰ Figley and Nash, 2. "At the very least, we hope to prevent a repetition of the unfortunate experiences of previous cohorts of veterans, especially Vietnam veterans, who struggled with combat stress injuries in silence and misunderstanding."

cohesion, the guerrilla nature of the war, and the sense of purposelessness when they returned to the U.S.”¹⁴¹

The difficulty in the current problem is that following a deployment many leaders and Soldiers in the military will change duty positions and often times be relocated to another unit in another location. This lack of continuity could pose problems for leaders taking over combat units that have recently redeployed from war, or leaders have recent incoming personnel attachments to their unit who they have not had the opportunity to know or have knowledge about the combat experiences that individual may have faced. This is an important point in that some individuals who are still coping with the stressors of combat may very well be exhibiting traits of defensive coping mechanisms but could potentially be misinterpreted as misconduct or unruly, undisciplined behavior.

This research has identified a need for leaders to understand that each person deals with stress in their own unique way and that each independent reaction calls for individualized and unique leadership techniques that the Army must invest time and resources in educating the leaders of tomorrow.¹⁴² As stated in Field Manual 6-22.5, *Combat and Operational Stress Control*, “Soldiers, especially leaders, must learn to recognize the symptoms and take the steps to prevent or reduce the disruptive effects of combat and operational stress. Leaders and Soldiers must recognize the continued effects of combat and operational exposure. Understanding these effects will help Soldiers to plan accordingly to support each other and those entrusted to them. This is especially important while sustaining prolonged or multiple deployment rotations as well as combat operations.”¹⁴³ Healthy defensive coping mechanisms are more effectively strengthened through a combination of soldier training, leader education and a significant medical screening and treatment month, and in some cases, years following combat action and combat related psychological trauma. In order to reduce the number of potentially latent incidences of PTSD among Soldiers who have served in the current conflicts in Iraq or Afghanistan, the Army must provide

¹⁴¹ Bourke, 349.

¹⁴² Kaplan and Sadock, 213. “Treatment - the major approaches are support, encouragement to discuss the event, and education regarding a variety of coping mechanisms.”

¹⁴³ FM 6-22.5, 1-2 – 1-3.

effective training education and treatment options for returning veterans. The Army has the means to do this, and it is important to start making a difference in this now before the continuous rise of mental health related disabilities begins to affect Veteran's Hospitals around the United States costing millions of dollars.

Glossary

Acute Stress Disorder - is similar to the posttraumatic stress disorder in that it follows a traumatic event and the individual repeatedly re-experiences the event, avoids stimuli associated with the event, shows a numbing of responsiveness, and has a generally heightened level of arousal

Anxiety – (Freud) is a state of extremely unpleasant emotional discomfort

Combat and operational stress behavior – The behavioral reactions resulting from exposure primarily experienced while conducting the full spectrum of operations, reflecting the full range of behavior from adaptation to combat and operational stress reaction

Combat and operational stress reaction (COSR) – The expected, predictable, emotional, intellectual, physical, and/or behavioral reactions of Service Members who have been exposed to stressful events in combat or military operations other than war

Combat Stress – This is the complex and constantly changing result of all the stressors and stress processes inside the soldier as he performs the combat-related mission. At any given time in each soldier, stress is the result of the complex interaction of many mental and physical stressors

Coping – A constructive means of dealing with stress, as compared to using defense mechanisms

Coping strategies – Constructive, adaptive means of dealing with stress

Defensive behaviors – are adopted in order to cope with unpleasant events that are anticipated on future occasions

Defensive mechanisms – Strategies by which person reduce anxiety without dealing with the cause of the anxiety

Denial – is the process by which we refuse to think about or address whatever is too hard to bear. (McMartin) – The external danger is not consciously perceived or acknowledged

Intellectualization – involves talking and thinking at an intellectual rather than an emotional level about what we do or contemplate that is threatening to us

Posttraumatic Stress Disorder - involves a variety of anxiety-related symptoms that start with a particular traumatic event and then continue for a long time after the event

Projection – protects us from threat by allowing us to literally project our own unacceptable traits on other people. (McMartin) – Seeing one's own unacceptable feelings, attitudes, or behaviors in other people but not in oneself

Rationalization – allows us to excuse our destructive and unacceptable behavior and thoughts. (Freud) – “may be defined as self-deception by reasoning

Reaction Formation – Overemphasizing the opposite trait of one's true but unacceptable feelings

Repression – refers to a selective type of memory mode in which threatening material is unavailable for recall, because it has been pressed down into the unconscious

Stress – The psychological and physiological response to overtaxing changes; results in responses such as anxiety, depression, and elevated physiological arousal

Stressor – Any event or situation that requires a non-routine change in adaptation or behavior. It may pose a challenge to an individual's well-being or self-esteem. There are two routine types such as physical and mental

Sublimation – Redirecting unacceptable thoughts and impulses into socially acceptable and useful behavior

Undoing – involves erasing “bad” behavior by displaying behavior designed to reverse the effects of undesirable acts

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