

The Face of Battle

In every instance, battle is a clash of wills. Courage is a key to the outcome of the clash of wills. In virtually every battle, individual acts and actions of units far exceed the normal call of duty. The role of training and discipline in determining the outcome of the clash of arms is fundamental to the ability of units to withstand the challenges of combat.

War is fundamentally a contest of wills fought by men, not machines. Ardant Du Picq, a 19th century French officer and student of men in battle, reminded us that, "You can reach into the well of courage only so many times before the well runs dry." Even before that, Marshall De Saxe, writing in the 18th century, pointed out that, "A soldier's courage must be reborn daily," and went on to say that the most important task of leaders was to understand this, to care for and prepare soldiers before battle, and to use tactics during battle which recognize that courage must be renewed.



The art of war aims to impose so much stress on the enemy soldiers that they lose their will to fight. Both sides try to do this and at times accept severe stress themselves in order to inflict greater stress on the enemy. To win, combat stress must be controlled, to overcome fear in the face of battle.

In battle men and units are more likely to fail catastrophically than gradually. Commanders and staffs, assisted by combat stress control personnel, medics, chaplains, and others, must be alert to subtle indicators of fatigue, fear, poor discipline, and reduced morale. They must take measures to deal with these symptoms before their cumulative effects

cause a unit to collapse. Staffs and commanders at higher levels must be advised about the impact of intense or prolonged combat on subordinate units. Military organizations can fight at peak efficiency for only so long. Prolonged demands of combat cause efficiency to drop even when physical losses are not great.

A unit may not be capable of performing its mission adequately if soldier resources are depleted because

- Vigilance deteriorates.
- Determinations and calculations become inaccurate.
- Reports become faulty.
- Decisions become slow and inaccurate.
- Orders are misunderstood/forgotten.
- Weapons are misused/underused.
- Maintenance and preplanning are forgotten.

Controlling combat stress is often the deciding factor-the difference between victory and defeat-in all forms of human conflict. Stressors are a fact of combat and soldiers must face them. It is controlled combat stress (when properly focused by training, unit cohesion, and leadership) that gives soldiers the necessary alertness, strength, and endurance to accomplish their mission. Controlled combat stress can call forth stress reactions of loyalty, selflessness, and heroism. Conversely, uncontrolled combat stress causes erratic or harmful behavior that disrupts or interferes with accomplishment of the unit mission. Uncontrolled combat stress could impair mission performance and may bring disgrace, disaster, and defeat.

Armies have known for centuries about the positive effects of stress in preparing soldiers for combat. In old-style basic training (prior to 1970), the drill sergeant deliberately made himself more fearsome than death itself so that the trainee would learn to respond automatically, even in a state of terror. That technique is not useful today because modern war requires more small unit cohesion, trust between leaders and those led, and initiative even on the part of the junior enlisted soldier. The modern drill sergeant must, instead, require the trainees to meet difficult (stressful) standards and work with the trainees to assure that they master them. The result is a well-earned sense of confidence in self, comrades, and leaders that can be applied to future demands.

Airborne and air assault training are not just intended to teach the skills needed to arrive on a battlefield after jumping from a low-flying aircraft or repelling from a helicopter. Their greater value comes from requiring soldiers to confront and master their extremely strong, instinctive fear of heights under circumstances which are deliberately stressful at the time. During training, this fear builds self-confidence and a sense of special identity on completion. (In fact, the training itself is not exceedingly dangerous, statistically speaking. However, the possibility of death does exist if you are extremely unlucky or fail to do the task correctly. This can contribute to additional stress.)

Ranger school is a clear example of the recognition of the benefits of positive stress. A generic ranger course objective would read: Perform complex and difficult physical and mental task under great pressure, sleep loss, water and food deprivation, and physical fatigue. No one coasts through ranger school. If anyone seems to be coasting through, the trained ranger cadre will increase the demand on that person until he, too, reaches the stage of stress where he realizes he cannot get through it all alone. Ranger school teaches small teams and their rotating leaders how to control stress in all the team members so the team accomplishes the mission. The training gives the individual soldier confidence, but even more, an awareness of how stress works in oneself and others. It teaches stress control, not stress reduction. Often the need for the team and its individual members is to play different mental and physical stressors against each other. This is done by increasing some stressors while decreasing others to keep the team on its mission and to keep individual soldiers from giving up.

To some degree, acclimatization to mental (cognitive/emotional) stressors also shares that "use it or lose it" feature which is true for adaptation to physical stressors. The airborne qualified trooper may experience more unpleasant stress symptoms when jumping after not having jumped for many months. The physician may find the stress unexpectedly higher when performing a potentially risky patient-care procedure that was once so frequently practiced that it had seemed to involve no stress at all but which has not been performed for some time. However, the memory of successfully mastering the stressor in the past usually speeds up the return of adaptation.

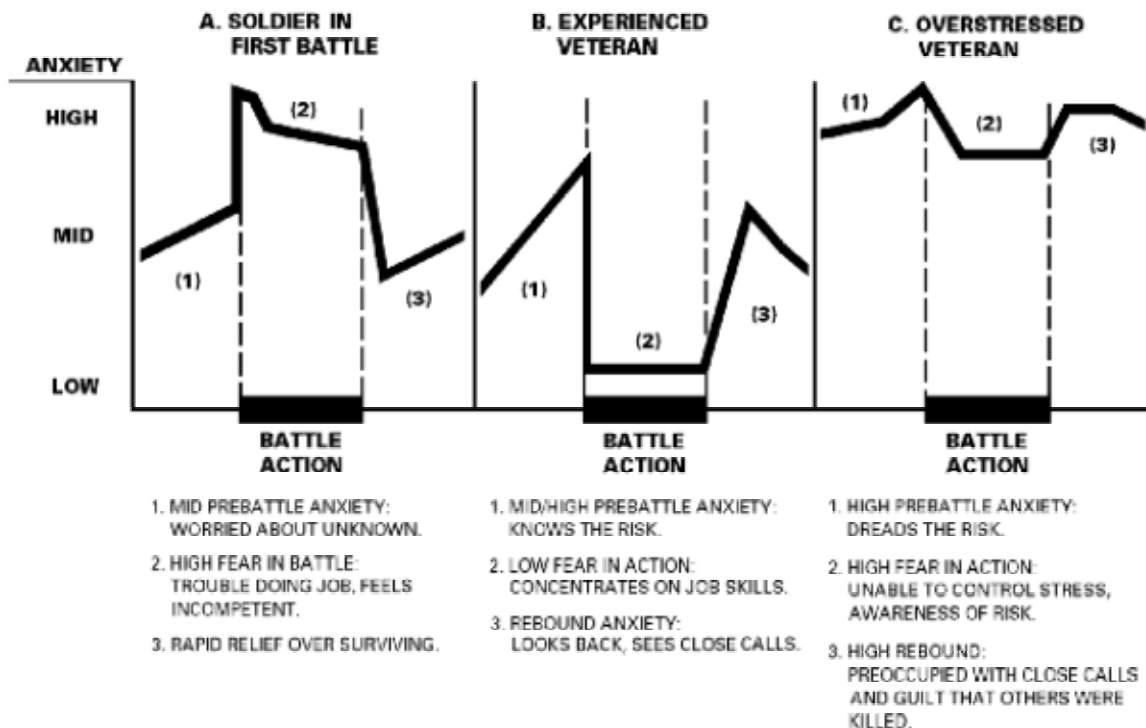
Tolerance to mental stressors is increased by successfully facing and mastering similar stressors (just as tolerance to physical stressors is). However, being overwhelmed by emotional or mental stress may temporarily or permanently impair future tolerance (just as exceeding the ability to cope with physical stressors may). Up to a point, mental stress (even uncomfortable mental stress) may increase tolerance to future stress without any current impairment. A higher level may cause temporary overstrain but may heal as strong or stronger than ever with rest and restorative processing. More severe overstrain, however, may permanently weaken tolerance to future mental stress. As with some cases of damage from physical stress, the harm done by mental stress may not be apparent at the time. It may only be apparent later.

COMBAT PERFORMANCE AND COMBAT STRESS

The Green Soldier During the first time in battle for soldiers, their combat performance is usually lower than it was in precombat training. The novice soldiers are also at relatively high risk of being killed or wounded. This is partly because they have not yet learned to identify and respond automatically to the true dangers (such as the specific sounds of incoming artillery or mortar rounds). Under extreme stress, they may experience difficulty with focusing their attention and remembering what they were taught in training. Their ineffectiveness may also be caused by fear-induced fatigue. First-battle soldiers are at high risk of becoming battle fatigue casualties. Soldiers in their first time under fire are likely to experience high anxiety (the stages of alarm). Poor showing on first exposure to real battle can be reduced by providing tough, realistic training (especially battle drills under high stress), but it cannot be totally prevented.

The Experienced Veteran. If the soldier does not become a casualty in the first battle, his combat skills will improve quickly over the next few days. His skills continue to improve gradually over the next weeks until he is as good as he can get. An experienced soldier gains confidence in his skill, comrades, and leaders. For him, the stage of alarm is mostly in anticipation. He responds selectively and automatically to the truly dangerous sounds and cues of the battlefield. When the action starts, he immediately achieves the stage of resistance and is remarkably calm as he focuses on his job. However, the veteran is likely to have a considerable rebound of arousal and anxiety when the fight is over. Not all veteran soldiers ever achieve the state of really low fear in action. Some drop to mid levels, yet still perform their duties effectively.

The Overstressed Veteran. If the unit suffers many casualties, however, and the chance of surviving a long war seems poor, the experienced soldier's combat performance begins to decline. It can occur after 14 to 21 days of cumulative combat or even after only a few days of extremely heavy losses. The overstressed veteran becomes more careful, loses initiative, and may be indecisive when he needs to act quickly. The anxiety pattern of an overstressed soldier is doubting his chances of survival -- there were too many close calls in the last battle; too many of his friends were killed (slowly over time or quickly). Under such stress, he feels his own skills are slipping, and it is just a matter of time before he, too, will surely be killed or maimed. Unless he is given the opportunity and help to reduce arousal level and regain some hope, he will soon fail.



Anxiety, fear and arousal at different stages in combat tour.

Combat skills and high stress tolerance are maintained when frequent successful combat actions occur. If losses in the unit remain low, the veteran can maintain his optimal combat skills for many months. If there is a prolonged cease-fire or if the skilled soldier leaves the combat zone on individual R&R, there may be a brief drop in performance on his return to battle. That drop would be accompanied by a return of the anxiety pattern shown by new soldiers but the anxiety is much briefer. This would be like the anxiety felt by the airborne qualified soldier who is making a jump after not having done so for many months. Predictably, the experienced veteran will regain his combat edge quickly upon returning to battle.

Decline of Combat Skills. How quickly performance declines will usually be related to how many casualties have occurred and how close the soldier was to them (both physically and emotionally). The decline may be hastened or slowed by leadership, unit, scenario, and home front factors.

Restoration of Combat Skills. Rest and recuperation, preferably with other soldiers in the unit, can substantially restore combat proficiency. Rest would also substantially return the anxiety pattern to that of the experienced veteran. This recuperation can be accomplished with the help of the medical and combat stress control/mental health personnel at a medical restoration or reconditioning facility.

Combat Stress Behaviors

Positive Combat Stress Behaviors. Positive combat stress behaviors include the heightened alertness, strength, endurance, and tolerance to discomfort which the fight or flight stress response and the stage of resistance can produce when properly in tune. Examples of positive combat stress behaviors include the strong personal bonding between combat soldiers and the pride and self-identification which they develop with the combat unit's history and mission (unit esprit). These together form unit cohesion—the binding force that keeps soldiers together and performing the mission in spite of danger and death. The ultimate positive combat stress behaviors are acts of extreme courage and action involving almost unbelievable strength. They may even involve deliberate self-sacrifice. Positive combat stress behaviors can be brought forth by sound military training (drill), wise personnel policies, and good leadership. The results are behaviors which are rewarded with praise and perhaps with medals for individual valor and/or unit citations.

Battle Fatigue. Battle fatigue is also called combat stress reaction or combat fatigue. Those battle fatigue behaviors which are listed near the top may accompany excellent combat performance and are often found in heroes, too. These are normal, common signs of battle fatigue. Those that follow are listed in descending order to indicate progressively more serious or warning signs. Warning signs deserve immediate attention by the leader, medic, or buddy to prevent potential harm to the soldier, others, or the mission. Warning signs do not necessarily mean the soldier must be relieved of duty or evacuated if they respond quickly to helping actions. However, soldiers may need evaluation at medical treatment facilities to rule out other physical or mental illness. If the symptoms of battle fatigue persist and make the soldier unable to perform duties reliably, then medical treatment facilities, such as clearing station and specialized combat stress control teams, can provide restorative treatment. At this point, the soldier is a battle fatigue casualty. For those cases, prompt treatment close to the soldier's unit provides the best potential for returning the soldier to duty.

Misconduct Stress Behaviors. Examples of misconduct stress behaviors range from minor breaches of unit orders or regulations to serious violations of the Uniform Code of Military Justice (UCMJ) and perhaps the Law of Land Warfare. As misconduct stress behaviors, they are most likely to occur in poorly trained, undisciplined soldiers. However, they can also be committed by good, even heroic, soldiers under extreme combat stress. Misconduct stress behavior can be prevented by stress control measures, but once serious misconduct has occurred, it must be punished to prevent further erosion of discipline. Combat stress, even with heroic combat performance, cannot justify criminal misconduct.

COMBAT MISCONDUCT STRESS BEHAVIORS

Misconduct stress behaviors are most likely to occur in units with poor morale or in units where problems exist. Often, these misconduct stress behaviors may be the result of stressors and increased stress in a unit. These indicators could be a warning that the potential exists for heavy battle fatigue casualties if this unit is sent to combat.

Opting Not to Take Prisoners

It has always been true (although not always admitted) that there comes a time in the heat of battle when soldiers in combat may decide to deliberately kill the enemy rather than take them as prisoners. The normal rage of combat stress will not accept that the enemy soldier who has just fought to his last bullet, killed your buddy, and almost killed you should survive to be a prisoner of war (PW), safe from the continuing danger that you must still face. This rage of battle can reach epic proportions in otherwise excellent soldiers. S.L.A. Marshall described two exemplary bayonet assaults in which victorious US units took no prisoners and went on to slaughter the barnyard or pack animals -- and were ashamed to admit it afterwards.

Soldiers may feel guilty about not having accepted the surrender of the enemy, just as they often feel guilty about killing their first armed enemy at close range. Later, they may feel guilty about not feeling guilty any more -- about how easy it has become.

Good leaders must work to keep the rage of battle from leading to massacre. Appeals to higher ethical ideals and respect for the enemy as brave soldiers similar to ourselves are useful but may be unheeded in the noise of battle. It may be more productive to remind the soldiers (and oneself) that there are good reasons for accepting surrender of the enemy and treating the prisoners humanely:

- Not all the enemy fight to the last bullet. Many probably were there under duress, kept their heads down, and only fired their weapons haphazardly while their superiors were watching.
- Alive, enemy prisoner(s) of war (EPW) may give valuable information to our military intelligence personnel.
- Other enemy soldiers, hearing that surrender is possible, will be less likely to fight so desperately when confronted, thereby decreasing our casualties.
- The enemy will be more likely to accept the surrender of our soldiers who may find themselves in a hopeless position.
- Killing enemy soldiers who are attempting to surrender is murder and a violation of the Law of Land Warfare. It must be reported by any who observe it and may result in trial by court-martial.
- Soldiers who commit such acts in combat are likely to feel great guilt about it after returning home and are often haunted by the memory for the rest of their lives.

Killing Enemy Prisoners

The ambiguous case of not recognizing attempts to surrender during a hot assault can be distinguished from killing soldiers who surrender after no (or only token) resistance. There is no excuse for killing prisoners after they surrender unless they are resisting or attempting to escape. Although the same urge for revenge may still be understandable, if prisoners are killed without cause, it is undoubtedly murder. Killing of prisoners must be actively prevented by command as a serious violation of the Law of Land Warfare. Violators are subject to trial and punishment.

It is also understandable but an unacceptable stress reaction for stressed commanders to overlook such incidents when done by otherwise good soldiers whom they need as fighters. Overlooking these incidents and failing to take action to prevent them is itself a violation of the Law of Land Warfare and may subject such commanders to trial by court-martial.

Mutilating Enemy Dead

This practice has been prohibited by civilized nations as a violation of the Law of Land Warfare but may still be approved in some regions of the world. Collecting scalps, ears, gold teeth, and so forth as trophies can still become common practice (as in the island battles of the Pacific in WWII) as signs of racial hatred and dehumanization against a stubborn and merciless enemy.

Leaving deliberately mutilated bodies (especially with facial and genital mutilation) for the enemy to find is less common, but also occurs as bitterness increases. Despoiling or pillaging the dead is, of course, a war crime and is punishable by court-martial.

Mutilating the dead dehumanizes both those who do it and those who condone it. It tends to provoke reprisals, alienate world and home front opinion, and contribute to guilt and post-traumatic stress symptoms when the soldier returns home.

Torturing Prisoners, Using Excessive Force or Brutality, and Killing Animals

In some cultures or religions (such as many of the seventeenth/eighteenth century North American Indian tribes), torture has been accepted by all parties as the proper thing to do. The captive warrior who died bravely under torture was highly respected. Under the Law of Land Warfare, torture is a war crime and is forbidden but is still sometimes practiced. It may be erroneously justified as necessary to

gain information to assure victory and save friendly lives or to intimidate the opposition, especially in counterinsurgency scenarios.

If torture to gain information or to intimidate is allowed, even tacitly, it can become an all-too-easy outlet for combat stress-related tension and frustration, with steadily worsening consequences.

The more insidious and common form of this misconduct stress behavior is to react with excessive force or brutality to episodes of provocation. The boundary between excessive and prudent is a gray area. It is related to the magnitude of the enemy provocation and the likelihood of its continuing if not answered. Examples of overreaction include reacting to a single sniper or mortar fire from a civilian housing area with massive artillery and air attack, or going in to beat all the villagers and destroy all the houses.

It is difficult and frustrating for soldiers to adhere to strict rules of engagement, such as never firing into civilian areas until fired on and only returning fire with precision when the specific enemy has been located. It is especially difficult if the enemy is deliberately using such areas as sanctuaries and the civilians are tacitly or even explicitly siding with the enemy. Such self-control is, however, often essential to accomplish the national objectives in military operations other than war. To maintain fire discipline, leaders must instill and continually reinforce a sense of strong unit identity and cohesion that actively encourages and rewards correct behavior.

Stress-induced behaviors that impair fire discipline can also cause friendly fire casualties. In some cases, overeagerness to attack the enemy (perhaps resulting from the positive combat stress behaviors of desire for glory, medals, or promotion) may lead to tragic error. Too much arousal or anxiety may cause soldiers who are "on a hair trigger" to misidentify vehicles, to make errors in reading maps or grid coordinates, or to shoot first and ask questions later. There is a well-documented tendency for hypervigilant persons to misinterpret and even to misperceive stimuli in ways which seem to confirm their preconceived fears.

Consider the pressure on the tank crew which is constantly remembering that in an engagement between two equal opponents the tank that fires second has only one chance out of five of surviving. Add to that many hours of continuous operations and rapid movement with little sleep. Now add that beyond the unit's right boundary is an unknown friendly unit. This unit may be from a different division, corps, service, or allied nation. The tank unit's leader and higher headquarters must recognize that these tank crews are at high risk of violating the TSOP and firing across the boundary into the neighboring area.

In such situations, the unit leaders (even tired, anxious leaders) must perform a recurring process of risk analysis and risk management. Friendly fire casualties cannot rationally be completely prevented in modern, fast-moving battles. Commanders and leaders must implement policies and prudent precautions which will minimize friendly fire casualties while also minimizing the risk of the enemy killing our soldiers.

The targeting policy which maximizes the odds of hitting the enemy first may be entirely justified at the beginning of the battle. Then, the enemy's strength is uncertain and his crews and tanks must be assumed approximately equal in quality to our own. Later in the battle, a more cautious policy may be justified. It may be clearer that most (if not all) of the enemy are undertrained, out-gunned, and badly overstressed. Our own crews, though still aggressive, are becoming fatigued as a result of the battle or because of sleep loss. Their alertness, coordination, and senses may be dull.

The leaders must recognize these stress factors. They must implement precautions to ensure that there are no friendly fire casualties. They must consider modifying or changing the targeting policy if stress factors are high. They must then assure that the change, its reasons, and any related coordinating instructions are passed down the chain of command to every crew. Recent experience is that leaders will be held publicly accountable if they fail to do this and friendly deaths result. This is true even though the leaders' misconduct may be a reaction only to their own combat stress.

Other examples of excessive force or brutality involve the killing of animals.

Soldiers may deliberately shoot domestic animal(s) of local farmers as acts of hatred or revenge. Soldiers may later claim that the animal(s)' death was an accident. Leaders should investigate and ensure appropriate actions are implemented to prevent future incidents of this nature. All soldiers must understand that the senseless killing of animals is a punishable crime under the UCMJ.

Warning signs of excessive stress may be indicated when individual soldiers begin to mistreat, torture, and kill animals. These types of behaviors are warning signs to commanders and leaders that self-control among some of their soldiers is wearing thin. Unit cohesion may also suffer, since other members of the unit may feel revulsion and anger at such behaviors. Leadership must recognize such signs of stress and take actions to provide less destructive ways of relieving the tension and frustration.

Looting, Pillage, and Rape

All these behaviors (looting, pillage, and rape) may be misconduct stress behaviors, although they may also be committed by soldiers with antisocial norms or personality traits and no combat exposure. They may reflect aberrant group norms in soldiers who have experienced little combat stress. Less than 180 years ago, it was the accepted custom that besieged cities which did not surrender before their wall was breached and which therefore had to be taken by assault, were always turned over to the troops to loot and rape. This is no longer acceptable and is a violation of the Law of Land Warfare. However, the stressed combat veteran may still feel entitled to collect souvenirs and perhaps to loot, pillage, and even rape the hostile (or even friendly) noncombatants. He may feel he has earned the right by his suffering, risks, and losses.

Rape is sometimes used as a symbolic act of dominance, not only over female victims, but also over males in her social system who are powerless to prevent it. Rape forcibly degrades and humiliates the victim and everyone in his or her group, which naturally provokes resentment and reprisal.

The distinction between looting and raping local nationals versus voluntary donation and social interactions is not always clear when only the soldiers have weapons. Sexual exploitation of local women by soldiers may foster local resentment and detract from the mission, even when paid for with food, cigarettes, money, or luxury items. Leaders, combat stress control/mental health personnel, and chaplains need to be alert to these facts to prevent abuse. It is the commander's responsibility to set and demand high standards as the ethical role model for the unit.

Killing Noncombatants

Some incidents of mass execution of civilians (for example, those committed by Nazi Germany) are acts of deliberate policy and are outside the scope of this discussion. Others, like the My Lai massacre in Vietnam, although premeditated, are clearly reactions to cumulative combat stress. These misconduct stress behaviors are likely, especially in guerrilla warfare, when some seemingly noncombatants, such as women and children, are in fact ununiformed combatants. Misconduct stress behavior is also likely when the sympathies of the civilian noncombatants have become suspect as they allow the soldiers' buddies to be killed and mutilated by mines and booby traps which they themselves avoid.

Other examples of killing civilians may be impulsive, individual stress reactions or rage attacks: One soldier who has just seen his buddy killed impulsively shoots two children on a water buffalo. The hot, angry, frustrated soldier shoots the peasant who is shouting at him in a foreign language about trampling her vegetable garden. The fact is that overstressed human beings with loaded weapons are inherently dangerous.

Fighting with Allies

Fighting is, of course, what soldiers are trained to do, but they are supposed to direct that skill and energy against the enemy. However, highly cohesive groups, where they believe they are the best, naturally make derogatory remarks about each other. Honor may then require that the insult be resolved by fighting. As long as the fighting is fair and forbids dangerous weapons and crippling techniques, it may actually help sustain cohesion and fighting spirit while promoting grudgingly mutual respect. Such fights between members of different units with rival traditions, different services, or allied forces have sometimes been tacitly or even explicitly condoned by their leaders. A better solution is to

initiate a competitive sports program among the rivals which allows them to test each other's strength and courage with less risk of serious injury.

Fighting against allies becomes a more dangerous stress behavior when it is the result of --

- Alcohol abuse.
- Stress of impending or past battle.
- Battle-generated mistrust.
- Cultural differences.
- Racial prejudice.
- Ethnic prejudice.

It clearly becomes misconduct when the rules of fairness are stretched so that seriously harmful tactics, techniques, and weapons are used. The result is then injury or death. Persistent bad feelings may result that interfere with cooperation between units, services, and allies.

This misconduct stress behavior is most common in the period of tension before deployment to battle, or of persistent tension during prolonged lulls or withdrawal of units from combat. Most soldiers who are in battle against the real enemy (or on brief R&R) are not looking for these "intramural" fights. However, some rear area support troops may be, to try to enhance their macho image. That can irritate the combat troops until serious fights result.

Leaders must be alert and sensitive to signs that stress is driving high spirits and unit pride across the very fine line from occasional friendly intramural fighting to misconduct stress behaviors.

It is obviously serious when fights break out between groups who have been traditional allies in such brawls, or within a previously cohesive unit. It is also traditionally more serious (and usually subject to serious UCMJ disciplinary action) when a soldier strikes a superior officer or an NCO. This, too, can clearly be due to combat or other stress, which might be taken into consideration in deciding punishment.

Being Absent Without Leave or Deserting

Going AWOL or deserting may be misconduct stress behaviors, but are punishable under the UCMJ unless there exists some legal justification or excuse. Possible defenses to a charge of AWOL or desertion include insanity or amnesia with the (rare) trance type of battle fatigue. In the Western democracies, less use of capital punishment for civilian crimes has also reduced the frequency of firing-squad executions of deserters "to discourage the others." Nevertheless, the death penalty is still allowed under the UCMJ for deserting in time of war.

Refusing to Obey an Order

A soldier deliberately refusing to obey an order in combat, as a misconduct stress behavior, may be tactically inappropriate (based on an unduly narrow, self-interested, or pessimistic perception of the situation). Alternatively, it may be tactically appropriate (based on a realistic perception that the order is unwise and will get one killed for no purpose). However, all orders which do not involve explicit violation of the Law of Land Warfare are presumed to be lawful and must be obeyed. The dictates of a person's conscience, religion, or personal philosophy (let alone fear or misgivings) cannot legally justify or excuse the disobedience of a lawful order. Combat refusal by units has historically been dealt with by measures as extreme as summary execution of ringleaders or decimation (the arbitrary execution of every tenth soldier). The UCMJ currently provides a maximum punishment of death for this offense when it is committed before the enemy.

Leaders are expected to keep troops informed of the "Big Picture" and the commanders' intent. Good leaders may give their subordinates more opportunity to express their concerns about an order which they consider unwise and to suggest alternatives to accomplish the objective. Once ordered, however, combat refusal of lawful orders will still be punishable. The alternatives to unwise yet lawful orders will continue to be --

- An appeal to higher headquarters through the chain of command, chain of support, or special staff (perhaps with a dramatic demonstration of good faith, such as requesting to be relieved of responsibility or command while continuing in the mission as a common soldier).
- Vigorous compliance to the lawful order (it is worth remembering that the famous Charge of the Light Brigade in the Crimean War was successful, although costly and pointless except for the glory it won).
- Cautious and skillful compliance while hoping for a reappraisal and reprieve.
- Unacceptable solutions, such as one of the other negative combat stress behaviors, including involuntary disability through battle fatigue.

Less extreme forms of this type of misconduct stress behaviors would be refusing, ignoring, shirking, or otherwise avoiding orders which do not involve the combat mission. The orders may be obeyed but with obvious signs of disrespect to the superior officer or NCO. Persistent breaches of military courtesies, uniform regulations, and other general orders or TSOPs may also be misconduct stress behaviors and are sometimes seen in otherwise effective combat veterans.

The distinction between misconduct stress behavior and battle fatigue can be blurred in reality. If an act of insubordination is clearly a misconduct stress behavior and the tactical situation allows, the leader may elect to handle it by telling everyone, "Oh, he's just got battle fatigue" and treating it with reassurance, brief rest, physical replenishment, and activities to restore confidence. In a situation that requires stronger disciplinary action, such as insolence or assault on a superior, the soldier may be charged with insubordination or combat refusal even though it is a misconduct stress behavior.

Threatening to Kill or Killing Unit Leaders or Other Soldiers

Threatening to kill or killing unpopular leaders or soldiers (called "fragging" and so named from the technique of rolling a fragmentation grenade into the victim's bunker) is also a criminal act and subjects the offender to disciplinary action. To the extent that this behavior is related to combat stress (rather than to some other grudge), it may involve an individual or group perception that the victim is --

- Excessively eager to commit the unit to danger.
- Grossly incompetent.
- Unfair in sharing of the risks.

Other cases may be unpremeditated flashes of rage provoked by intense stress and the loss of usual inhibitions against violence through combat experience. For example, a special operations forces medic had just brought his dead teammate from an ambush to a supporting hospital. When a mortuary affairs specialist casually flicked cigarette ashes onto his dead buddy's face, the medic drew his knife with every intention of cutting the clerk's head off. Fortunately for both soldiers, bystanders intervened before the clerk was seriously hurt. Fortunately for the medic, his own chain of command understood his misconduct stress behavior. They convinced the hospital commander that it was not in anyone's best interest to press charges.

Malingers

Malingers are those few soldiers who, in an effort to avoid duty, deliberately and willfully fake illness, physical disablement, mental lapse, or derangement, including battle fatigue. They must be counseled and returned to their units, even if they are suffering from combat stress. Malingering is an offense under the UCMJ (Article 115). The issue is not the presence of stress but whether the symptoms are under voluntary control. The most reliable test is whether the symptoms go away when the soldier does not think he is being watched and return when he thinks he is. Usually the malingeringer cannot fake perfectly the physical and mental indications of true physical or psychiatric disorders.

The problem is how to distinguish malingering from the physical dysfunction, memory loss, and excessive pain and disability forms of battle fatigue. Unlike malingering, these are involuntary, but they also may fluctuate over time and with level of attention. They seldom mimic true physical or psychiatric disorders faithfully. It has been observed that the malingeringer is likely to resent, avoid, or try to fake diagnostic tests such as hypnosis and truth serum (sodium amytal) interviews. True battle fatigue cases usually cooperate willingly. However, as true battle fatigue cases recover from the psychologically

caused loss of physical function, they may go through a phase of feeling that it is now under voluntary control and, feeling guilty, may mistakenly believe (and confess) that they were malingering all along.

The boundary between malingering as a misconduct stress behavior and battle fatigue can be another gray area when both may be present in the same soldier. If all that is needed to correct the apparent deliberate faking and turn the highly stressed malingerer back into a good soldier is a day or two of relatively light duty, physical replenishment, and encouragement, the leader or treasurer may elect to call it battle fatigue, treat the battle fatigue, and not press charges unless the soldier continues to malingering.

Another form of malingering is making suicide threats and gestures (nonlethal attempts) for the purpose of escaping unwanted duty. Here, the problem is to distinguish malingering from true depression or impaired impulse control due to stress or battle fatigue where the risk of death on a further suicide attempt is very real. Treating the threat or gesture as a cry for help and assisting the soldier in coping with the stressors without sending him home may separate the malingerer from the true sufferer.

Self-Inflicted Wounds

Self-inflicted injuries must be investigated. If deliberate, they are a form of malingering under UCMJ (Article 115). Such injuries may require disciplinary action as well as surgical treatment. Typical examples are shooting or stabbing oneself in the foot or nondominant hand. More ingenious is throwing a hand grenade through a door and holding one's arm out in hopes of being hit by a fragment. In WWI, some soldiers deliberately exposed a patch of skin in mustard-contaminated areas. Good and even excellent soldiers have said that the temptation to give oneself a "million-dollar wound" becomes hard to set aside as the combat stress level increases. Some soldiers yield to the temptation. Occasionally, buddies even collaborate to give each other wounds and alibis. Fatigue, inattention, and carelessness make unintentional self-inflicted wounds more likely.

Other equally important considerations are wounds or death due to failure to take cover or other obvious precautions. While this is not deliberate misconduct, there are many anecdotes of combat-experienced soldiers who reach a stage where they appear to be functioning well but are so task-oriented or so fatalistic that they become easy, unnecessary victims. Many such cases involved leaders who failed to take cover in the presence of known snipers. Some survived to require surgical care. Many did not. It seems that the psychological defense mechanisms of the resistance stage of stress have betrayed, rather than protected, them. In other cases, inattention due to fatigue played an important role. In a few cases where other background data are available, unconscious or deliberate suicidal intent may be suspected.

Drug and Alcohol Abuse

Substance abuse is classified as a neuropsychiatric disorder, but may also be misconduct stress behavior. It may represent self-medication for the anxiety and traumatic memories of combat or for the boredom and frustrations of rear area duties. Substance abuse may give group users an extended family and an inappropriate sense of belonging to a special group who is "superior" to (but persecuted by) outsiders or authority. This may be an unfortunate by-product of cohesion-producing group dynamics.

Factors Which Increase Misconduct Stress Behavior

The following factors may increase misconduct stress behavior:

Boredom and monotonous duties, especially if combined with chronic frustration and tension.

False alarms of nerve agent presence resulting in self-administration of atropine. Atropine can cause problems with vision, cognitive skills, and performance if taken when a nerve agent is not present.

Victorious pursuit of a retreating enemy. This reduces battle fatigue casualties but may not inhibit commission of criminal acts (killing of EPW, rape, looting) or alcohol/drug misuse unless command retains tight moral control.

Hasty withdrawal. Here, few battle fatigue casualties enter medical channels, although battle fatigue soldiers may be lost as KIA, missing in action (MIA), or captured instead of becoming medical patients. Other stressed soldiers may willfully desert or surrender. Looting can occur, "justified" by the rationalization that the property would just be seized by the enemy. Rape, murder, and other criminal actions taken as reprisal can be triggered by stress if the retreating troops feel hindered by EPW or if the civilians being left behind were not friendly. Leaders must take care not to lose control of the withdrawal or be too zealous in encouraging a "scorched earth" policy.

Beleaguered unit which cannot evacuate any (or only the most severely wounded) casualties. Here, too, few soldiers are identified as battle fatigue casualties although some may become ineffective due to the severe stress. Other soldiers may go AWOL.

Rapid return of soldiers to close contact with noncombatant military, civilians, or families after an intense battle experience without a unit stand-down period in which to defuse.

Commission of atrocities by the enemy, especially if against US personnel, but also if against local civilians.

Racial and ethnic tension which can occur within the US civilian population and among Army personnel. Tension and misconduct may also stem from major cultural and physical/ racial differences between US soldiers and the local population.

Local civilian population may be perceived as hostile, untrustworthy, or "subhuman." This is more likely to happen if there is a lack of education and understanding of cultural differences. Exploitation of cultural differences through propaganda to create disharmony and mistrust may be an objective of the enemy.

Failure of expected support, such as reinforcement or relief; inadequate resupply; inadequate medical support and evacuation. Soldiers who feel abandoned and on their own may resort to illegal measures to get what they think they need. Combat soldiers naturally tend to feel "entitled" to claim what they have "earned," and this may lead to looting and worse.

High personnel turbulence, lack of unit cohesion, especially of vertical bonding between leaders and troops. "Substance-of-choice" can become a "ticket" for inclusion into a group.

Loss of confidence in leaders, in supporting or allied units, and in equipment as compared to the enemy's. These also can lead soldiers to a sense of abandonment, desperation, and the "right" to take shortcuts to get what they need and deserve.

Popular opposition at home to the war; lack of understanding or belief in the justness of the effort. Some soldiers may find this an excuse to desert or refuse lawful orders. Others who continue to do their duty may show their resentment by lashing out at the local population or by using drugs and alcohol.

Lack of a believable plan for protecting families in the theater, either by evacuating them or keeping them secure under reliable authority. Some soldiers may go AWOL to stay with them or attempt to take them to safety.

Factors Which Protect Against Misconduct Stress Behavior

The following factors protect against misconduct stress behaviors:

- High unit cohesion -- represents the commitment of soldiers of all ranks to each other and the strength of their willingness to fight and sacrifice personal safety. It is a product of bonding of soldiers with each other and the bonding between leaders and subordinates. Cohesion requires strong bonds of mutual respect, trust, confidence, and understanding within units. Cohesive units function smoothly and perform well under stress. In organizations with high cohesion, the unit identity forbids abuse of substances and emphasizes adherence to the Law of Land Warfare.
- Tough, realistic training -- provides the training, including faithful adherence to rules of engagement, which support the Law of Land Warfare and addresses cultural issues. Tough and realistic training is designed to develop and challenge each soldier and unit. Tough training occurs when leaders and soldiers mutually experience realistic exhausting conditions that prepare both, as a team, for the stress of combat.
- Unit leaders, medical personnel, and chaplains are trained -- to recognize battle fatigue and early warning signs of misconduct stress behaviors.
- Units are withdrawn from combat periodically -- to rest, refit (reconstitute if necessary), and absorb new replacements who arrive and are integrated as cohesive teams, not individuals.
- Leaders demonstrate competence, courage, candor, and commitment. Leaders show caring for the soldiers and make provisions for their physical, mental, and spiritual well-being as the tactical situation permits.
- Leaders keep troops informed -- of the objectives of the operations and war (including psychological operations and diplomatic, political, and moral objectives). They focus the soldiers' appraisal of the situation to maintain positive coping against the temptations to misconduct stress behaviors. The commander should utilize his public affairs officer and the public affairs assistance available to him in an effort to keep soldiers informed.
- Leaders conduct after-action debriefings -- which defuse resentments and tension prior to soldiers coming in close contact with noncombatants (military, allied, civilian, or family). This is most important for soldiers who return from special operations, direct action, special reconnaissance, or counterterrorism missions.

The situations listed above can be extremely beneficial for leaders and troops in maintaining and enforcing a unit self-image that regards misconduct behaviors as unacceptable. If that view is lacking, these same situations may even contribute to substance abuse and violations of the laws of war.

Experience in War

In the WWII Mediterranean and European theaters, the average incidence of combat exhaustion casualties was one case requiring medical holding and treatment for every four wounded in action (WIA) (a 1:4 ratio). In really intense or prolonged fighting, the ratio rose to 1:2. On the Gothic line in Italy, the 1st Armored Division suffered 137 combat exhaustion casualties for 250 WIA (a 1:1.8 ratio). Overall, with the correct treatment, 50 to 70 percent of combat exhaustion casualties returned to combat within 3 days, and most of the remainder returned to useful duty within a few weeks.

During WWII the 6th Marine Division was involved in the Battle of Okinawa. They fought day after day and were up against a determined, dug-in Japanese resistance, rain and mud, and heavy artillery. The division suffered 2,662 WIA and had 1,289 combat exhaustion casualties (a ratio to WIA of 1:2). Many of the combat exhaustion cases were evacuated to Navy ships offshore and few of those cases ever returned to duty.

In the Pacific theater in WWII, there was about one neuropsychiatric casualty evacuated from the theater for every one WIA (a 1:1 ratio). Many of these troops appeared psychotic (bizarrely out of touch with reality). Most of these, however, did not come from the combat units or areas. They were combat service support (CSS) troops left behind by the war on the hot jungle or coral islands or the cold, damp Aleutian Islands. The stressors were the combination of isolation, monotony, boredom, chronic discomfort, and low-grade illness from the environment, plus fear of disease, injury, and surprise attack. In retrospect, it was realized that evacuating these bizarre stress reaction cases home only encouraged more soldiers to "go crazy" when they temporarily reached their limit of tolerance to stress. It would have been better to have sent them to rest camps close to their units. This might have returned the majority quickly to duty, as was done with the combat exhaustion cases in the European and Mediterranean theaters.

It was also shown in WWII that tough training and esprit de corps prevented many battle fatigue casualties. Elite units, such as the ranger and airborne units, had less than one battle fatigue casualty for every ten WIA. This unit cohesiveness prevailed even in combat assaults, such as Normandy and Arnhem, where extremely high casualties were suffered. Unit cohesiveness also prevailed during prolonged fighting like the Battle of the Bulge.

During the Yom Kippur War (1973), the Israeli experience confirmed the risk of stress casualties in the modern, high-tech, continuous operations (CONOPS) battle. The Israelis counted on the high cohesion and training of their troops and leaders to keep stress casualties to a minimum. They were caught, however, by strategic and tactical surprise and were forced to mobilize on a religious (fasting) holiday. They sent their reserves piecemeal into battle. Their Arab opponents, whom they had previously discounted as inefficient, used massed artillery, armor, and wire-guided missiles. The Arab units followed the Soviet CONOPS, echeloned-attack doctrine. Israeli estimates of stress casualties suggest that large numbers of Israeli soldiers, including veterans and leaders, became unable to function solely because of stress. Stress casualties were frequent in the Golan Heights fighting, in the initial defense of the Sinai, and during the recrossing of the Suez Canal. Since the Israeli Defense Force had no plans for treatment and return to duty, all such cases were evacuated to hospitals in Israel. True to the experience of WWI and WWII, many of these Israeli soldiers who were evacuated remain psychiatrically disabled today.

After the 1973 war, the Israelis instituted a model program of leadership training and medical/mental health support. This was intended to prevent combat stress casualties and to treat those cases which occurred in the brigade and division support areas. However, in the 1982 Lebanon invasion, many cases were inadvertently evacuated by helicopter to Israel in the initial haste of the invasion. Few of these cases returned to full duty, while 60 to 80 percent of those treated in Lebanon did.

One Israeli armored battalion trapped in a desperate night action against the Syrians had approximately 30 combat stress cases and 30 WIA (a 1:1 ratio). A combat engineer battalion which was accidentally bombed by an Israeli fighter-bomber had approximately 25 killed in action (KIA) and 200 WIA. This same battalion soon had 20 immediate combat stress casualties. Approximately 25 other soldiers developed delayed stress reactions over succeeding days (a ratio to WIA of 1:4.4). Even the Israelis' strong preventive program could not completely prevent battle fatigue casualties in a high-tech war.

In Vietnam, battle fatigue casualty rates rarely exceeded one per ten WIA. The reasons for the few battle fatigue casualties included the sporadic nature of fighting and our air and artillery superiority. Other factors were well-supplied fire bases, scheduled rest and recuperation (R&R), and a fixed combat tour. All these factors kept most battle fatigue cases at levels which could be treated in their units and did not require medical holding or hospitalization.

Other behavioral problems related to loneliness and frustration, however, were associated with combat stress in Vietnam. Serious incidents of poor discipline occurred, including commission of atrocities at My Lai (March 1968), combat refusal, and even "fragging" (murder) of leaders. These events threatened unit cohesion and the chain of command. By 1970-1971, when US ground forces were rarely committed to offensive operations, "neuropsychiatric casualties," especially drug and alcohol abuse and addiction, became epidemic. By September 1971, neuropsychiatric cases accounted for over 60 percent of all medical evacuations from the theater. Today those misconduct problems are recognized as having contributed to the high incidence of delayed posttraumatic stress disorder (PTSD) in Vietnam veterans. Due to the different nature of the stress, these types of misconduct stress behaviors are more likely than battle fatigue in operations other than war (conflict). These misconduct stress behaviors can seriously undermine the objectives and successes of the mission.

The Potential High-Tech Battlefield

United States Army planners have predicted what future high-tech combat could entail. This was demonstrated in the recent past with the world's confrontation with Iraq over the seizure of Kuwait. Based on the current world situation, such future battles are not unthinkable. The unprecedented debilitating effects of battlefield in the twenty-first century will demand even more attention to the preparation of soldiers, crews, and leaders for combat hardships. In such battlefields, the soldier will face many challenges.

Challenge of Isolation. The first challenge is isolation. Units may experience periods of combat where forces are intermixed and lines of communication are broken. Units will experience feelings of uncertainty and helplessness from unpredictable strikes by long-range weapon systems. To make matters worse, these strikes may be inflicted by one's own forces in the confusion of battle. The certain use of smoke and obscurants will limit soldiers' vision, promoting feelings of separation, abandonment, and vulnerability.

Challenge of Higher Rates of Casualties from Conventional, Nuclear, Biological, and Chemical Weapons/Agents. The increased rate of destruction of potential future weaponry has both physical and psychological effects. Losing 40 to 60 percent of an entire unit in minutes or hours could leave the remaining soldiers incapacitated. The rapid and horrible death of their comrades and leaders could have a definite and detrimental effect on the mental stability of the unit. Surviving soldiers will have to be prepared to overcome the experience of mass human destruction. They will need to be trained to take over from those lost and to reshape units that can continue to fight.

Challenge of Human-Technological Imbalance. The emergence of new technologies has significantly increased the range of weapons, reduced reaction time, and changed conditions over which battles are fought. This new technology has the potential to exceed the capacity of human crews to fight.

- All-weather, day-and-night capable vehicles which can operate for extended periods without resupply are limited only by the crews' need for sleep.
- High-probability-of-kill, direct fire systems will be degraded over time by the stress and fatigue levels of the men aiming those weapons.
- Improved sensors and longer range weapons could exceed the capabilities of a tactical headquarters to plan and execute battles fought over expanded areas of operations.
- Short engagement times and the increased lethality of new weapons could overwhelm the ability of staffs to control and coordinate the overall battle.

Soldiers, leaders, and staffs will face problems of reduced efficiency effectiveness when fighting over extended periods. These conditions will tend to neutralize the potential gains of new war-fighting technologies and force new approaches to the preparation and employment of soldiers, leaders, and staffs.

Challenge of the Mental Rigors of Combat. Armies must initiate training programs to help precondition soldiers to the mental rigors of combat. This is of vital importance as the potentially catastrophic effect of battle stress in future warfare becomes evident. The military force that does this best will have a decided edge in any war. Future combat will strain human endurance to unprecedented levels. If these challenges are left unchecked by poor mental and physical conditioning of soldiers, they could result in the disastrous failure of entire units. Failure to consider the human factors in an environment of increased lethality and uncertainty could cause a nation's concept of warfare to be irrelevant. With the miniaturization and spread of high-tech (and perhaps even of nuclear, biological, and chemical [NBC]) weapons, this can be just as true in operations other than war (conflict) as in war.

Responsibilities for Controlling Combat (Conflict) Stress

Unit Cohesiveness Development. Rigorous, realistic training for war must go on continuously to assure unit readiness. Emphasis must be placed on establishing and maintaining cohesive units. Unit training and activities must emphasize development of soldier skills. This development should focus on building trust and establishing effective communication throughout the unit.

Senior (Organizational) Leaders' Responsibilities. The chain of command must ensure that the standards for military leadership are met. Senior leaders must provide the necessary information and resources to the junior leaders to control combat stress and to make stress work for the US Army and against the enemy.

Junior (Direct) Leaders' Responsibilities. Junior leaders, and especially the NCOs, have the crucial business of applying the principles of stress control day-by-day, hour-by-hour, minute-by-minute. These responsibilities overlap with senior leaders' responsibilities but include parts that are fundamentally "sergeants' business," supported by the officers..

The skill and courage of leaders at all levels are critical to success in operations across the full range of conflict. In war, temporary battle fatigue casualties are inevitable but can be treated and returned to duty in or close to their units. In operations other than war (conflict), the enemy threat counts on psychological stress and misconduct stress behaviors to disable the defender. In operations other than war (conflict), drug and alcohol abuse, other violations of military discipline, and criminal acts must be prevented by strong leadership. While the importance of winning the first battle is great, the ability to fight sustained campaigns is vital to deterrence and to victory. The chaos of combat places a premium on initiative, unit cohesion, and mental and physical preparedness of soldiers and units.

References

- Adapted from [FM 22-51 LEADERS' MANUAL FOR COMBAT STRESS CONTROL](#), 29 September 1994
- [War Psychiatry](#) Textbook of Military Medicine