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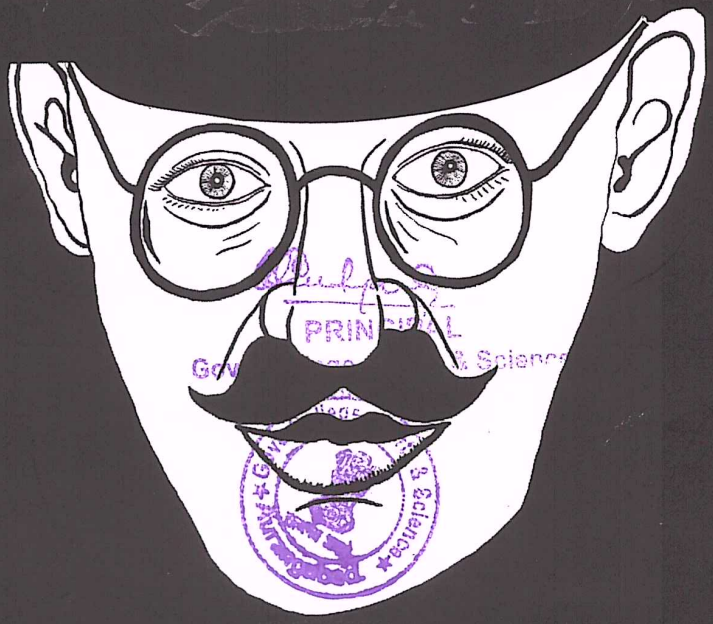

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INVISIBLE WOUNDS OF WAR AND COUNTER-INSURGENCY OPERATIONS

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Abstract

As a result of war and counter-insurgency operations increasing number of shoulders, military spouses, their parents and their children are suffers with post traumatic stress, traumatic brain injury, depression, co-occurring substance use disorder, military sexual trauma, anxiety, complicated grief etc. Shoulders and their spouses may be diagnosed with one or a combination of these issues. The purpose of present research paper is to focus on these invisible wounds of war and counter insurgency operations.

"The war is done for me now. The days of standing in the hot desert sun, setting up ambushes on the sides of mountains and washing the blood from my friend's gear are over. The battles with bombs, bullets, and blood are a thing of the past. I still constantly fight a battle that rages inside my head".

Brian McGough, a 32 year-old Army staff sergeant whose convoy was attacked with IEDs in 2006. From his blog "Inside my Broken Skull."

The word invisible-wound indicates psychological or cognitive injuries and their consequences. Analysis of some factors relating to stress in jobs, such as deadlines, hazards, physical demands, competition, career growth potential, and public scrutiny, military service ranks as the world's most stressful job. In the last decade India has not indulged in any war activity, though several counter-insurgency operations have been accomplished by the Army. The stress levels, however, have still increased. Who served in the military, understands stress intimately. It takes different forms depending on what type of job is, personality characteristics of defence personnel and in which branch they work, but, the key thing is that military service comes with stress. In this regard, Pflanz and Ogle (2006) observed that though military personnel have managed to adapt to the temporary hardships of wartime and humanitarian missions, the chronic stressors faced at the home base are found to be beyond their tolerance limit. Moreover, occupational stress arising out of routine military work environment is found to have significant negative impact on the mental health of military personnel.

In the context of the armed forces, some research is available on the US military. Bartone et al. (1998) studied military stressors faced by soldiers during peacekeeping missions such as isolation, ambiguity, powerlessness, boredom, and danger/threat. Active duty military personnel were found to have poor mental and physical health compared to veterans and reserve personnel in a study conducted by Boehmer et al. (2003).

Invisible wounds of war and counter-insurgency operations includes post traumatic stress, traumatic brain injury, depression, co-occurring substance use disorder, military sexual trauma, anxiety, complicated grief etc. Shoulders and their spouses may be diagnosed with one or a combination of these issues. Each one is debilitating in its own right; co-occurring symptoms can be life-threatening if left to fester, untreated.

Following symptoms can be watched among shoulders and their spouses as an invisible wound of war or counter insurgency operations:

-Feeling of always being on alert, jumpy or easily started
-Difficulty of concentration at work
-Avoidance of crowds, public places or family gatherings
-Anxious, irritable, quick-tempered with friends and family
-Intense feelings of guilt or fear, emotional numbness, feeling of detached from oneself, night terrors, hyper vigilant.
-sleep disturbances.

The word invisible also used in the sense that gathering accurate information concerning the mental health of military personnel's is very difficult. Not only are there logistical issues such as transfer or rotation of service members, there are also extensive evidences that service members hesitate to acknowledge or report such emotional and mental wellbeing problems while in active service (Hoge et al., 2004). Reasons for this hesitancy are their distrust about efficacy of mental health treatment and admitting emotional problems may impact negatively on their promotions or further career (Hoge et al., 2004). Another issue is mental health problems often manifest themselves long after combat has ended (Milliken, Auchterlonie, & Hoge, 2007). Some research demonstrated that the prevalence rates of emotional disorders reported are two to four times higher 120 days after returning from combat than immediately afterwards (Bliese, Wright, Adler, Thomas, & Hoge, 2007). To further illustrate the complex nature of emotional problems in this context it should also be noted that of those reporting PTSD symptoms immediately after returning from combat, 49–59% report an improvement in the severity of their symptoms within that same timeframe (Milliken et al., 2007). Approximately 18.5 percent of U.S. shoulders who have returned from Afghanistan and Iraq currently have post-traumatic stress disorder or depression; and 19.5 percent report experiencing

a traumatic brain injury during deployment. Roughly half of those who need treatment for these conditions seek it, but only slightly more than half who receive treatment get minimally adequate care.

Shoulders face some specific type of barriers to seeking psychological help. These barriers include stigma and limited access of mental health services.

A) Stigma: Shoulders are affected by three types of stigma:

i) Public stigma: The notion that a shoulders would be perceived as weak, treated differently, or blamed for their problem if he or she sought help.

ii) Self Stigma: The individual may feel weak, ashamed and embarrassed.

iii) Structural Stigma: Many shoulders believe that their military careers will suffer if they seek psychological services. Although the level of fear may be out of proportion to the risk, the military has institutional policies and practices that restrict opportunities for shoulders who reveal that they have a psychological health issue by seeking mental health services.

B) Limited Access: Even when shoulders decide to get psychological help they need to find the appropriate service provider. Long waiting lists, lack of information about where to find treatment, long distances to providers, and limited clinic hours create barriers to getting care.

Despite huge research work available in the field of occupational stress, there is a lack of empirical research on the Indian army; thus it is important to study the phenomenon with special consideration to the Indian army. Moreover, reports on the rise of suicidal and fratricidal incidents in the Indian army in the past decade denote the relevance of such a study. As per the figures presented by the Defence Minister A. K. Antony to the Lok Sabha on March 6, 2013, a total of 368 defence personnel committed suicide from 2010 to 2012, out of which 310 soldiers belong to the Indian army alone; in 2010, 115 cases were reported as compared to 102 in 2011 and 93 in 2012. In addition, the Indian army was reported to be facing a shortage of 26,433 personnel below officer rank (Indian Military News, 2013).

Spouses of shoulders arc also suffered with unique issues such as a mobile lifestyle, rules and regulations of military life, and frequent family separations including peacekeeping, and combat deployments. When shoulders killed during war, unique issues regarding family disputes of financial aspects such as share of fund, money and property share among family members are also arises. These issues may have an adverse effect on the health of military spouses and their childrens. The data show spouses have similar rates of mental health problems compared to soldiers. Spouses often receives services from primary care physicians, rather than specialty mental health professionals, which may relate to the lack of availability of mental health services for spouses on military installations. Further, spouses

who experienced extensions of their partners' deployment were more likely to perceive the Army negatively during deployment.

Britt et al. (2004) emphasized that leadership behaviours can improve or buffer the stressors experienced by soldiers. Further, frequent uncontrollable conditions of peacekeeping mission under unsafe conditions were found to make the soldiers experience frustration and predicted post-traumatic stress disorder among them (Litz et al., 1997). Florkowski (2001) pointed out that suicides committed by soldiers are not incidental and are an outcome of several highly complicated processes occurring simultaneously. Stetz et al. (2007) pointed out that improved organizational support in the form of lowering occupational stressors improves the psychological wellbeing of soldiers and also helps in lowering their depressive symptoms.

References:

Adler, A. B., Bliese, P. D., McGurk, D., Hoge, C. W., & Castro, C. A. (2009a). Battle mind debriefing and Battle mind training as early interventions with soldiers returning from Iraq: Randomization by platoon. *Journal of Consulting and Clinical Psychology,77*, 928–940.

Adler, A. B., Castro, C. A., & McGurk, D. (2007a). *Battlemind psychological debriefings*. Report No. 2007-001. Heidelberg, Germany: US Army Medical Research Unit-Europe.

American Psychological Association, Presidential Task Force on Military Deployment Services for Youth, Families and Service Members (2007, February). *The Psychological Needs of U.S. Military Service Members and Their Families: A Preliminary Report.*

Bartone, P. (1999). Hardiness protects against war-related stress in Army reserve forces. *Consulting Psychology Journal: Practice and Research, 51*, 72–82.

Bliese, P. B., & Castro, C. A. (2003). The soldier adaptation model (SAM): Applications to peacekeeping research. In T. W. Britt & A. B. Adler (Eds.), *The psychology of the peacekeeper* (pp. 185–206). Westport, CT: Praeger.

Boehmer, T. K., Boothe, V. L., Flanders, W. D., & Barrett, D. H. (2003). Health-related quality of life of U.S. military personnel: a population-based study. *Military Medicine*, *168*(11), 941–947.

Britt, S., Grable, J. E., Nelson Goff, B. S., & White, M. (2008). The influence of perceived spending behaviors on relationship satisfaction. *Financial Counseling and Planning, 19*(1), 31–43. Retrieved from http://www.afcpe.org/publications.

Britt, T. W., Davison, J., Bliese, P. D., & Castro, C. A. (2004). How leaders can influence the impact that stressors have on soldiers. *Military Medicine, 169*(7), 541–545.

Friedman, M. J. (2010). Prevention of psychiatric problems among military personnel and their spouses. *The New England Journal of Medicine, 362*, 168–170.

Gupta, A. Stress in Indian Army: a psychological perspective of present scenario and needs. Information on Health and Ill-health of the Human Mind (2008).

Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine, 351*, 13–22.

Hoge, C., Terhakopian, A., Castro, C., Messer, S., & Engel, C. (2007). Association of posttraumatic stress disorder with somatic symptoms, health care visits, and absenteeism among Iraq war veterans. *The American Journal of Psychiatry, 164*, 150–153.

Pflanz, S. E., & Ogle, A. D. (2006). Job stress, depression, work performance, and perceptions of supervisors in military personnel. *Military Medicine, 171*(9), 861–865.