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Empowering Cognitive Preparation for Combat - An Ounce of Prevention

Abstract

Military service and especially combat missions, dictate uncertainty and difficulties that have the potential to adversely affect wellbeing, decrease performance, morale, commitment and safety. There is a need to avoid or delay those ramifications. Since a person's ability to handle stress is determined before stress actually appears it is essential enriching and empowering the individual's resources in advance, so that he will become "immune" to the stress of war and its ramifications and remain so over time.

Preparing the human factor for combat is a prolonged, gradual process. It is based on Lazarus's theory of stress, Meichenbaum's Stress Inoculation Training (SIT) and Lurie's self-help SIT. Preparations consist of several stages: examining needs, crystallizing a workgroup, learning the material theoretically and experientially, studying the accounts of people who have "been there" for reinforcement and conceptualization, as well as cognitive and practical simulations. All preparation stages comply with each unit's specific needs and resources. Soldiers tend to view their commander as the most significant coping resource accordingly the method is structured around those leaders.

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Introduction

Coping with wartime demands and pressures that increase overtime depletes soldiers' vital mental, physical and cognitive resources. Stressful situations exist among soldiers even in routine times and result from the workload, strained relationships with commanders and colleagues, fatigue, insufficient physical fitness and more. Combat time add more special stressors that arise from the intensity of the situation, fear for life, concern for family at risk, uncertainty and more.¹⁾ Since no one has unlimited resources, the stresses of combat can drain both physical and mental reserves, not only affecting soldiers' military performance, but also critically affecting physical health, psychological strength, and their social behaviour toward colleagues and family members.

In preparing for possible military conflict, most of the effort is invested in developing weapons and training for their use, while little, if any, attention is paid to the psychological well-being and emotional reactions of soldiers in combat situations.²⁾ Strengthening and increasing mental resources in the stages of combat preparation has received increasing attention in the Israeli Defense Force (IDF) over the years. In various units of the Israeli army, their leaders and unit members are trained in workshops that combine theoretical knowledge led by mental health professionals with the accumulated experiences of soldiers. In this article, two central questions are addressed:

1. how are psychological tools adapted and used in the army?
2. what is the role of the commanders in the implementation of these self-help training to increase their effectiveness?

¹⁾ Elliott, G. & Eisdorfer, C. (1982). "Introduction". In G. Elliott & C. Eisdorfer (Eds.), *Stress and Human Health: Analysis and Implications for Research*, New York, Springer. 1-20.

Choen, S., Doyle, W. & Skoner, D. (1999). Psychological stress, cytokine production and severity of upper respiratory illness. *Psychosomatic Medicine*, 61, 175-180.

²⁾ Oz, Idit and Lurie, Orit. (2013). „Aviation disaster crisis management: Multidimensional psychological intervention“, in: Kennedy, C and Kay, G. (Eds.), *Aeromedical Psychology*, CRC Press, 309-324.

1. How are psychological tools adapted and used in the army?

The psychological preparation of soldiers for combat is a long and gradual process built on three psychological levels:

(1) Richard Lazarus's Stress Theory:³⁾ Stress is defined as a subjective discrepancy experienced by the individual between the demands placed on him and the assessment of his ability to meet them. According to Richard Lazarus, the individual's cognitive interpretation is of greater importance in assessing the intensity of a threat than the actual, objective threat.⁴⁾ Stress-producing events are perceived as potentially increasing the risk of a wide range of undesirable emotional reactions, particularly fear and helplessness. To some degree, stress is not necessarily a negative factor, but a vital and stimulating force for function, movement, maintenance and protection. However, over a prolonged period of time and accompanied by erosion of resources, it becomes a harmful and depleting factor and requires reassessment.⁵⁾

(2) Self-help approach:⁶⁾ the soldier in war situations manages his behaviour by (a) changing his cognitive awareness and self-reinforcement and (b) focusing on prevention stress management techniques that he studied in advance and is able to use them independently before and during the event in order to mitigate its negative consequences.

(3) Donald Meichenbaum's Stress inoculation training method:⁷⁾ The method can also be applied to a variety of other problems, such as preparing patients for various medical procedures and pain, phobias, dealing with interpersonal difficulties and much more. The method also aims to improve coping with trauma resulting from serious events such as experiencing terrorist incidents and to empower specific professional groups, such as police officers, nurses and military personnel, to deal

³⁾ Lazarus R. S. (1984). "Puzzles in the study of daily hassles", *Journal of Behavioral Medicine*, 7, 4, 375-389.

Lazarus S.L. (1993). "Coping theory and research: Past and future", *Psychosomatic Medicine*, 55, 234-247.

⁴⁾ Lazarus, R. (1966). *Psychological Stress and the Coping Process*, New York, McGraw Hill.

⁵⁾ Selye, H. (1978). *The Stress of Life*, New York: Mc Grew Hill.

Choen, S., Tyrrell, D. & Smith, A. (1993). "Negative life events perceived stress, negative effects and susceptibility to common cold", *Journal of Personality and Social Psychology*, 64, 131-140.

⁶⁾ Kushnir T. & Lurie O. (2002). "Supervisors' attitudes toward return to work after myocardial infarction or coronary artery bypass graft", *Journal of Occupational & Environmental Medicine*, 44, 4, 331-337.

Lurie, O. & Weisenberg, M. (1989). "Increasing pain tolerance by means of a self - instructional booklet. Research reports on behavioral medicine", *The W. S. Schwartz research center for behavioral medicine*, 33-35.

⁷⁾ Meichenbaum D. (1977). *Cognitive Behavior Modification*, New York, Plenum press.

Meichenbaum, D. (2007). „Stress inoculation training: A preventative and treatment approach“. In Lehrer, P., Woolfolk, R. & Sime, M. (Eds.), *Principles and practice of stress management*, Guilford Press, 497-516.

with the stresses they face in the course of their work.⁸⁾ Meichenbaum's stress inoculation training consists of three phases:(a) conceptualization, so that the participant understands the nature of his reactions to stressful events; (b) learning coping methods to enrich the individual "toolbox" by knowing different techniques that can be applied according to the soldier's needs, his personality and according to the situation in which he finds himself; (c) implementation: In order to test and evaluate the effectiveness of the "tools", participants can try them out in stressful situations; first with the help of role plays and then in the context of more complex tasks and increasing intensity that mimic military reality.⁹⁾

The workshops in the IDF are structured similarly. There, there are several phases spread over a longer period of time: (1) needs assessment, (2) formation of a working group, (3) theoretical and practical learning of the relevant "tools," (4) sharing veterans' combat experiences for reinforcement and illustration, (5) theoretical and practical simulations. Each workshop is tailored to the specific needs and resources and strengthens of each unit. The workshop's goal is that the participants believe in their self-efficacy to deal with anticipated as well as unexpected problems and difficulties despite primary feelings of stress, helplessness and fear.

2. What is the role of the commanders in the implementation of these self-help training to increase their effectiveness?

In the military unit in which the stress prevention training is conducted, the soldiers learn how to apply the method with the help of a psychologist, who accompanies the process as a content expert and as a translator of tools from the field of psychology into the military language. The actual application of the tools is in the hands of the commanders.

A soldier who is not at his best during combat due to a lack of psychological resilience primarily arouses dissatisfaction and anger. There is unwanted discrepancy between the soldier's and commander's, which can increase the pressure for both sides. For reasons of seniority, job experience and emotional maturity, commanders and their soldiers often experience the pressures and intensity of combat differently, so often commanders do not understand their soldiers, do not recognize the pressures, which affect their soldiers and do not know how to help them. Therefore, it is important that the commander knows the emotional stability of his soldiers and at the same time recognizes his role as preserver and creator of these resources. He should understand that he can be at the same time a

⁸⁾ Meichenbaum, D. „Stress inoculation training: A resilience-engendering intervention“, https://melissainstitute.org/wp-content/uploads/2018/02/SIT9_10_17FinalMoore.pdf.

See also publications in Melissa Institute, <https://melissainstitute.org>

⁹⁾ See also <https://roadmaptoresilience.wordpress.com/>

stressor for the soldier, but also an additional resource for him and must equip him with sufficient tools for diagnosis and self-help. Meichenbaum stresses the importance of involving the supervisor:¹⁰⁾ „Any psychological intervention in an organization such as the military or the police, requires top down engagement, support and endorsement“.

The link between masculinity and military and martial roles has existed for centuries and has persisted in all cultures. Heroic role models influenced the masculine ideal. This masculinity emphasizes aggression and strength, but also control and superiority, so showing weakness, confusion and fear has no place in this form of male behaviour.¹¹⁾ Admitting to psychological problems is often considered a "no go" and openly asking for help from psychologists goes against the notion of strength and omnipotence. In the IDF, it was soon realized that commanders should be trained to provide these tools to soldiers internally and involve the psychological or psychiatric experts only in pathological or serious situations. As a result, self-help becomes more important to unit members and should encourage their commanders to participate in training tailored to the specific needs of each unit. Meichenbaum expresses optimism about the importance of his method:¹²⁾ „In the aftermath of stressful events, even experienced combat soldiers are impacted, but the majority (some 75%) show resilience and ability to cope with ongoing adversities and adapt to transitions with the social support of others. Along the experience of soldiering strengthens and stress hardiness, the soldiers have learned a wide variety of individual and group coping strategies that they can call upon and that they can teach others.“

Retired Colonel Dr. Eyal Fruchter holds a similar view, emphasizing the importance of the superior officer:¹³⁾ "It turns out that the commanders of the Israeli air squadrons who rejected the psychological techniques, did not act on them and did not pass things on to all the squadron members, that it was in these squadrons that there were more accidents and mistakes during missions. Over the years, the subject has become a recognized and accepted method."

Conclusion

The resilience of people exposed to numerous and prolonged stresses during a combat mission is crucial not only for the individual but also for the organization in which he has to give his best. In order for him to improve his resilience in combat situations, he must be able to match the demands placed

¹⁰⁾ Interview and email correspondence with Dr. Donald Meichenbaum on 2.12.2022.

¹¹⁾ Locke, B. (2013). "The military-masculinity complex: hegemonic masculinity and the United States Armed Forces, 1940-1963", Dissertation Thesis, Department of History, University of Nebraska.

¹²⁾ Interview and email correspondence with Dr. Donald Meichenbaum on 2.12.2022.

¹³⁾ Interview with retired Colonel Dr. Eyal Fruchter, head of the mental health department at Rambam Hospital, Haifa, Israel and former head of mental health in the IDF, 17.2.2022.

on him with his subjective assessment of his resources. The supervisor has limited control over the current demands, but he does have the ability to influence the level of training and the availability of his soldiers' mental resources. The variety of stress management tools learned can mitigate the experienced gap and consequently influence the intensity of stress and reduce excessive emotional and physical tension to a tolerable level during and/or immediately after stressful events.¹⁴⁾ This will ensure performance quality. The undesirable discrepancy between the stress experienced by combatants, regardless of the objective situation, and their mental resources requires preventive action to avoid later and long-term damage from trauma.

¹⁴⁾ Lazarus, R. (1981). "The stress and coping paradigm", In: I. Eisdorfer, D. Cohen, A. Kleinman & D. Maxim (Eds.). *Models for Clinical Psychopathology*, N. Y. Spectrum, 177-214.

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