



by Arianna N. Johnson

The Soldier's Creed defines the essence of the American Soldier. Its words are one of the first things drilled into the heads of every trainee, words shouted thousands of times a day to help trainees understand exactly what they signed up for. The creed demands discipline, dedication, fortitude, and understands that success as an American Soldier requires not only physical resiliency, but mental resiliency as well. And yet, despite the continual cries of being "mentally tough," for some Soldiers, they are shouting a lie. Today's Soldiers may be physically capable of executing their tasks, but some lack the mental strength, a shortcoming with dangerous consequences for Soldiers filling non-combat positions. Future Large-Scale Combat Operations (LSCO) will demand an exceptional amount of mental capacity from Soldiers in non-combat jobs, and meeting those demands requires engendering psychological resiliency within those minds.

The [World Health Organization](#) defines mental health as “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community.” In the context of war, a Soldier’s confidence in their skills, capacity to manage stress, productivity, and contribution to the battle are critical factors in their mental ability to stay in the fight. Soldiers unable to handle the psychological strain of their job risk a negative combat or operational stress reaction (COSR) (see [ATP 6-22.5](#), p. 7-3). Negative COSRs, if left unresolved, can lead to psychological breakdowns and render Soldiers combat ineffective. When this occurs, Soldiers become COSR casualties and must be removed from the battlefield for rehabilitation. This may sound extreme, but in units not mentally prepared for LSCO, COSR casualties will be the norm. LSCO will present conflicts that are faster, more intense, and more lethal than what many current service members have experienced (see [FM 3-0](#), p 1-2). These fights threaten to put an extreme amount of psychological stress on the non-combat mind, minds with a terrible track record of being prepared for the challenge.

A disproportionately high number of Soldiers in non-combat roles have historically become COSR casualties. A 2005 [RAND Corporation](#) study on the causes of battle fatigue found that during Operation Desert Storm’s air campaign, Soldiers from support units in the U.S Army 7th Corps made up 81 percent of all psychiatric casualties. Despite their relatively low number of killed and wounded in action, mental illnesses still devastated the ranks of combat service and support units. Similar situations hold true for the Yom Kippur and Lebanon wars. At first look, these numbers make very little sense. It does not seem like the jobs of non-combat Soldiers should be that stressful, especially when compared to that of an infantryman, artillery gunner, or tank driver. In light of this quandary, researchers did some digging for reasons why the non-combat mind was so much more susceptible to negative COSRs. They found that combat Soldiers, used to operating under intense strain in highly cohesive units, had developed strong mental resiliency against the stressors of battle. Conversely, non-combat Soldiers, having spent less time training combat skills and working

together as a team, had very little to draw from when pushed to their mental limits. In the face of future warfare, this historic lack of psychological resiliency within non-combat Soldiers may have dangerous consequences.

Future conflicts will see a greater reliance on Soldiers filling non-combat roles. Today's standard infantry Soldier may be well acquainted with the mental strength needed to endure battle, but these are not the only Soldiers who will be fighting. As the battlefield expands to non-physical domains, tomorrow's war belongs more and more to the Soldier behind the screen. The Army's warfighting functions rely heavily upon the use of cyberspace and the electromagnetic spectrum (EMS) (see [FM 3-12](#), Ch. 1). U.S. Forces have historically enjoyed uncontested freedom in these domains; however, such freedom will largely be the exception in LSCO. Because of this, the Army requires Soldiers who are able to ensure friendly access to cyberspace and the EMS while defending against attacks. These Soldiers' jobs may look vastly different from that of an infantry Soldier, but even sitting behind a screen, their need for psychological resiliency is just as strong.

In 2017, [The Journal of Information Warfare](#) looked at cybersecurity operators' stress, fatigue, and cognitive burnout during tactical cyber operations. The study found that as an operators' cognitive workload increased, so did their stress, and their level of fatigue rose significantly in operations lasting longer than five hours. The complicated, volatile, and risky world of hacking places immense stress on operators, a reality not always recognized outside of the cybersecurity world. The Army itself does not list such work among its combat and operational stressors, focusing instead upon types of stress experienced in traditional combat roles (see [ATP 6-22.5](#), p. 7-1). As a result, some may overlook the Soldiers in these mentally taxing positions, simply because they are fighting from a desk and not from a foxhole. Because of this, the Army must build psychological resiliency within the non-combat mind, and they can do so in four ways.

The first way is through maintaining high levels of morale and cohesion with an increased

awareness for Soldiers who may feel isolated. LSCO will see a near-constant employment of information warfare, a style of fighting specifically targeting the enemy's mind (see [TC 7-100.2](#), Ch. 7). Future peer threats understand that using psychological means to degrade the American Soldier's morale will give them a marked advantage throughout the operation. The previously discussed [RAND Corporation](#) study discovered that low morale directly contributes to Soldiers experiencing psychological breakdowns. The authors studied morale in terms of self-confidence, faith in command, and sense of belonging, and identified social isolation as the "best single predictor" of psychiatric casualties. Soldiers who feel like outsiders present a high risk for mental health issues, and complications from the COVID-19 pandemic have only heightened these risk factors. Reports show that the lack of social interaction forced by COVID-19 has catalyzed numerous mental health issues (see "[Readiness Effects on the U.S. Army OCONUS During COVID-19](#)" and "[Mental Health Panel Discusses Impact of COVID-19](#)"). To counteract these feelings of isolation, leadership should foster open communication and team building, always looking to include Soldiers who may feel like social outsiders. As the Army continues making its people a priority, this will help build a defense against many of the psychological issues currently plaguing its ranks.

The second way to build psychological resiliency is to develop training scenarios with controlled physiological deprivations for Soldiers in combat service and support positions. Many commanders will likely be unwilling to sign off on purposely denying Soldiers food, water, sleep, or shelter, but they can direct training that will cause Soldiers certain discomforts. Field exercises can incorporate enemy attacks that directly target Soldiers' rest or meal times. Training can also involve frequent or surprise injects to force Soldiers on regimented eating and sleeping cycles. If, for example, an electronic warfare team is anticipating a movement order but does not know exactly when they will receive it, they will not be able to enjoy a long lunch break or nod off in their truck.

While developing stress training specifically for non-combat Soldiers would be highly beneficial, some units may not have the time or resources to dedicate to this population. In

Mental Health and Psychological Resiliency: Preparing Enablers for Large Scale Combat Operations

Brigade Combat Teams, for instance, Soldiers in support roles will rarely be the main training audience, but leaders can still ensure these Soldiers gain the full benefits of the training environment. Simply incorporating these Soldiers into an artillery battery or infantry platoon live fire exercise will force the non-combat Soldier into unfamiliar situations with reduced access to physical comforts. Conducting this type of cross-training may be inconvenient at first, but it will ultimately increase resiliency for the Soldiers most susceptible to psychiatric breakdowns.

The third way the Army can increase psychological resiliency is through rigorous physical fitness training for those in non-combat roles. A variety of experts have shown how training the body helps train the mind (see [“Exercise for Mental Health”](#) and [“Promoting Physical Activity for Mental Well-Being”](#)). Soldiers who have completed long physical endurance events often remember those events as not only physically challenging, but mentally exhausting as well. Though the Army already understands the necessity of physical exercise, non-combat and support Soldiers can have a tendency to think that fitness is not as important for them. After all, an infantry Soldiers’ job is to walk long distances, carry heavy equipment, and dig large fighting positions, all while staying constantly ready for enemy contact. A supply clerk, on the other hand, stays much more sedentary. But even though that supply clerk may not be burning as many calories as the automatic rifle gunner, their psychological, and thus physical, fitness is just as important.

The fourth way the Army can increase psychological resiliency is through leaders who understand the warning signs and help de-stigmatize treatments for psychological issues. Units who build stress into their training will naturally increase the likelihood of Soldiers becoming COSR casualties. In order for units to employ stress training without destroying Soldiers’ mental stability in the process, unit leadership must be well educated on the nuances of mental health. Chapter 7 in [ATP 6-22.5](#) outlines physical and emotional indicators of mild and severe stress reactions, captured in the tables below:

Table 7-3. Mild stress reactions

<i>Physical reaction</i>	<i>Emotional reaction</i>
Trembling. Jumpiness. Cold sweats, dry mouth. Insomnia. Pounding heart. Dizziness. Nausea, vomiting, or diarrhea. Fatigue. Thousand-yard stare. Difficulty thinking, speaking, and communicating.	Anxiety, indecisiveness. Irritability, complaining. Forgetfulness, inability to concentrate. Nightmares. Easily startled by noise, movement, and light. Tears, crying. Anger, loss of confidence in self and unit.

Table 7-4. Severe stress reactions

<i>Physical reaction</i>	<i>Emotional reaction</i>
Constantly moves around. Flinches or ducks at sudden sound or movement. Shakes, trembles. Cannot use part of body (hand, arm, or leg) for no apparent physical reason. Inability to see, hear, or feel. Is physically exhausted, cries easily. Freezes under fire or is totally immobile. Panics, runs under fire, socially withdrawn.	Talks rapidly and inappropriately. Argumentative; acts recklessly. Indifferent to danger. Memory loss. Stutters severely, mumbles, or cannot speak at all. Insomnia; severe nightmares. Sees or hears things that do not exist. Apathetic, hysterical outbursts, frantic, or strange behavior.

Between behavioral health personnel, chaplains, and combat and operational stress control teams, units typically have many programs designed to assist with stress-induced mental health issues. At times the problem around mental health treatment is not with the availability of such programs but with the Soldier's perceived stigma of actually using them. Whether worried about losing a security clearance, not wanting to miss out on training, or fear of being labeled as mentally weak, Soldiers can place many layers of prejudice upon themselves when seeking mental health treatment. Unit leadership must help de-stigmatize psychiatric treatment by supporting, not shaming, Soldiers who seek such help, ensuring these Soldiers have legitimate mental health issues and plans of action for any training they may miss. By doing this, leaders will help create a culture of treating the mind as a precious resource, one that requires the same level of training and maintenance as any other force multiplier.

Mental Health and Psychological Resiliency: Preparing Enablers for Large Scale Combat Operations

Psychological resiliency is paramount for non-combat Soldiers. Future wars will employ these Soldiers in an expanded capacity, and the Army needs to ensure these Soldiers are as mentally tough as they can possibly be. Leaders must push Soldiers to handle physiological deprivations and physical strain, maintaining strong cohesion and morale to motivate them through the worst of situations. When Soldiers experience mental issues, leaders need to recognize the symptoms, find them help, and resist complaining about what an inconvenience it may be. Leaders who do so will find their Soldiers better prepared to deploy, engage, and destroy the enemy in whatever large scale operation tomorrow may bring.

Arianna Johnson is a Captain in the United States Army and is currently a student in the Military Intelligence Captain's Career Course at Fort Huachuca, AZ. She previously served as a Field Artillery Officer in the 18th Field Artillery Brigade at Fort Bragg, NC. She graduated from Grove City College with degrees in Political Science and Communication Studies.

The views expressed are those of the author and do not reflect the official policies or positions of the US Army or the Department of Defense.

Share this:

- [Email](#)
- [Tweet](#)
- 
- [Print](#)
- [WhatsApp](#)