

STRESS MANAGEMENT IN ISRAELI DEFENSE FORCE:
IMPLICATIONS FOR U.S. MILITARY HUMAN SERVICE PROFESSIONALS
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Few countries in the Western World have devoted as much time and effort to the study of psychological stress and adjustment in war and peace as has the country of Israel. The Israeli Defense Force has monitored the lessons of studies of public responses to terrorism, responses to combat stress and the responses to bereavement and loss.

Specifically, three topics will be addressed; that have particular relevance and importance to American military professionals both for our academic knowledge base, and in the adoption and acknowledgement of new responses to an ever increasing stressful world. The three topics in question are: (1) Domestic stress reactions. Particular emphasis being on the effects of having lived through stressful situations, such as terrorist victimization, natural and manmade disasters and the effects of dislocation. (2) Bereavement stress response. Basically, the inclusion of both loss and readjustment in adults to both death and disability. (3) Combat stress reactions. The forward treatment of combat reactions, the use of combat social workers and how to predict who could be candidates for combat type stress reactions.

This presentation does not attempt to be an inclusive study of the lessons that American military professionals can learn from their Israeli counterparts. It does attempt to present a basic outline of the lessons learned in three specific areas over forty years by a typically western nation under constant stress and what American human service practice can draw from that Israeli experience.

DOMESTIC STRESS REACTIONS

Domestic stress reaction may be studied in two parts. First, as it is encountered in a domestic disaster such as a terrorist attack or a volcano. And second, as how individuals react to the stressful event and what provides the most help to those individuals after the event.

A disaster may be considered a state of massive and collective stress which is caused by an external event over which neither the individual nor his society has control. Terrorism may be considered a domestic disaster as it affects the Israeli public. Unlike conventional war, terrorism is a psychological weapon, intended to achieve political ends through intimidation and fear. While actual physical damage does always occur, the main objective of political terrorism is to carry various messages to several audiences at the same time.

With an act of terrorism, there are differential influences on such groups as international public opinion, the inhabitants of the Israeli Administered Territories, the Arab populations and members of the terrorist groups themselves and their likely recruits. The victims of main concern are the target population, the Israeli public. Research indicates that the Israeli public responds to Palestinian terrorism with a high degree of concern (Merari and Keinan, Tel Aviv University 1983). In simple terms, the Israeli reaction indicates or implies success on the part of the terrorist groups since to terrorize the public is a prime terrorist objective. However, how the Israeli public internalizes that stress and their emotional reaction to those acts of terrorism may provide totally different responses than those that would be expected. An Israeli study shows that a hardening of attitudes toward retaliatory measures against the terrorist organizations and concerning the Palestinian issue in general is observed as part of the Israeli problem. This reaction, in turn, has impacted on official Israeli government policy. Thus, the

official Israeli government policy is not always understood when placed against international public opinion.

Additionally, both Israeli and American research has shown that the psychic traumatization to an individual who survives a catastrophic stress situation such as a terrorist attack or a natural disaster (in American terms, the survivors of the Mt. St. Helens catastrophe) is most severe or enhanced when the catastrophe includes the destruction of social and community bonds. The loss of the social structure amplifies the traumatic process and retards recovery from it.

The Israelis have found that the presence of social supportive bonds during severe stress can act as a mitigating influence on the traumatic stress process and protect individual personality functioning against its long term effects. Additionally, social support systems can aid in recovery from the traumatic state. Western academic circles are well aware of the positive use of clinical and non-clinical groups with Holocaust survivors and survivors of natural disasters. However, Western Society is not as well informed on the importance of social support during the event and how crucial it is to post event recovery and rehabilitation. Israeli evidence shows social support protects the victim and assists them in maintaining their social adaptation. This is extremely important in light of recent research that shows that humans who have a depressive attributional style in which they construe failure as stemming from internal, stable and global causes are more susceptible to depression, ill health, and collapse in the face of severe stress. Treatment after the event would be of limited use to these individuals and necessarily of a long term nature.

BEREAVEMENT STRESS RESPONSE

While death and disability have been with us for quite some time, the impact of that loss on segments of our society have been basically overlooked in terms of adjustment to that stress. The Israelis are attempting to predict the factors that enhance and impede readjustment after traumatic loss. They specifically are working with three groups: (1) war widows, (2) bereaved parents and (3) disabled army veterans (Ben-Sira, Hebrew University School of Social Work 1983). Preliminary data has indicated that one's individual resources and primary support group enhance readjustment more than the assistance offered by formal rehabilitative agencies. Also, when an individual has his own resources combined with a primary support group, readjustment is facilitated regardless of the severity of the disability or the lapse of time since the loss. The study is a first step but certainly shows that primary education in emotional support of self, self confidence and personal survival are legitimate roles for helping professionals. The bottom line implication is that those individuals that have a strong personal belief system can survive the traumatic event.

Additionally, there is every indication that traumatic, stress producing events (bereavement in nature) such as loss of life, limb and peace of mind have common dynamics as well as differences. If practitioners can address three specific dimensions: (1) type of loss, (2) stage of coping with the loss and (3) individual strengths and family social system, then those same practitioners have definite guidelines as to which cases will require what type of intervention, the most appropriate time to intervene and finally how long the intervention should last.

The most difficult intervention appears to be that which takes place with the individual who's loss is so global in nature, for example, the entire family is killed or the entire town has had to move and all possessions and sense of community are lost. Many times that individual because of the circumstances, is unable to mourn. That is, the mourning is postponed to a later stage. Israeli studies show that some holocaust survivors have not been able to mourn their losses throughout their lives. At some points natural life events can facilitate this mourning process but for

others only clinical help can act as the catalyst to begin the mourning process. These same studies show that a therapist can be creative and very helpful in working with bereavement victims who are in delayed mourning situations. Examples abound in American 20th century society: Mt. St. Helens, Dixon contaminated land, flood victims in the south, storm victims in the west and victims of tragic accidents and crime sprees. Many times the survivors have to wait, because bodies are not recovered, towns are missing, support groups are dispersed and professional help is not available till long after the event, a wait which many times is unnecessary and which evidence shows only prolongs the helping intervention process.

A delayed bereavement response presents quite commonly with an individual postponing the mourning during the hectic days, weeks or years following the event only to enter a period of time when the emotional disturbance presents itself during a physical illness, a move, or basically any event that turns out to be another period of stress. The new situation re-evokes hardship and feelings that had not been successfully overcome before. The impression is that we as a society are not allowing those individuals among us with a need to mourn the opportunity. Furthermore, a look at any newspaper will present a full page of national events requiring a period of mourning for stress reduction for those involved. A further look would not indicate bereavement programs being available to those same individuals.

Additionally, while mourning is a normal reaction to loss, its function is to restore an individual's ability to love, which was impaired by the trauma of loss. In deviant mourning, the bereaved is unable to relinquish the loss and the capacity to love another is not restored. In a bereaved family in typical circumstances, a shifting of roles takes place and new relationships compensate for the loss. Family members share the grief and pains and this leads to a strengthening of family ties. In cases of prolonged, deviant mourning a split and deterioration occurs in the bereaved family. Intervention aimed at mending the split is often perceived as siding with some family members against the mourner, and therefore it is resisted. Individual therapy with the mourner may be preferable. The advantage to this short term intervention is that the family conflict is temporarily bypassed and a positive, trusting relationship may facilitate gradual relinquishing of the tie with the deceased (Aleksawdrowicz D.R., Ben Gruion University 1978).

An additional, short term bereavement intervention approach used by the Israelis with the parents of deceased military members was a short term group. A notable addition, in both Israeli individual and short term group treatment, is that a trained volunteer or social worker is in close contact with the family from the time of loss. In the group experience, the volunteer or social worker also accompanied and supported the parents during the first part of their group experience. The groups were open discussion groups.

What the Israeli studies show us is that by and large traditional institutions of society which used to help and support in general no longer fulfill this function in Israeli society (nor in the United States). Therefore, there is a strong need to create a new system to fill the gap. The Israelis feel the medium of short term individual and group work added on to immediate contact after the loss is a positive impact which emphasizes the principals of personal strength and responsibility for one's life. They further feel that mutual help and support are essential pillars of a healthy population. Finally, they see the use of qualified professionals as assuring the attainment of those objectives.

COMBAT STRESS REACTIONS

The Israeli's view "Unit Morale" as the secret weapon of the Israel Defence Forces. While many military commanders see combat stress as a function of poor

morale, the Israeli view is that it is a natural outcome of combat which may be tempered by high unit morale.

Israeli combat stress studies indicate the following: (1) they support American studies of WWII that medical, disciplinary, and psychiatric evacuations analyzed on a day to day basis increased with intensive combat. (2) Support studies that show that psychiatric evacuations were typically preceded by more intense combat, but disciplinary evacuations were preceded by more scattered experiences (Noy, Shabtai., Hebrew Univ 1978).

Additionally, Israeli studies showed that typical reactions to combat fatigue such as superstitions and fatalistic thoughts may be interpreted as adjustive reactions and a coping mechanism (Sohlberg, 1975). A further study on the relationship of personality to combat reaction showed little predictive association. However, some predictions did exist. First, the primary factor affecting combat stress appears to be stress outside the combat area (Noy 1978). Another study of civilian background factors such as family, marriage, and education were investigated in a group of 215 soldiers. The investigation attempted to determine what factors were significant to the development of psychiatric disorders during military service. In those individuals not presenting psychiatric disorders prior to military service, stress related to marriage and children were among those variables most significant in psychiatric disorders and not personality.

It is important to note that the most consistent correlates of psychological stress appear to be anxiety. But there are marked individual differences as to what is stressful. It can be said, "that stress and anxiety are both a stimulus situation and a personality trait" (Gregory, W.E., 1978). That is, any one of us will become anxious if the stress is great enough and of the kind to which we are susceptible. Thus individuals may avoid anxiety in stress situations by having stereotyped responses which carry them through their own particular crisis. They would then only develop anxiety if their stereotyped response is interfered with. Logically then, one way of coping with stress is to have a repertoire of behaviors suitable for almost any occasion. Military training and human service training have long advocated this position by the use of practicum instruction. Practicum instruction such as: role playing, war games, flight simulators, parachute jumps, practice crash landings, etc. have a long history of use. The obvious dilemma is that it is difficult to simulate live combat. However, the Israeli position appears to be that forward treatment of psychiatric casualties and returning them to duty is an extension to the soldiers repertoire of behaviors (Gregory, 1978). Thus the combat stress experience is generally positive as the largest number of psychiatric casualties are not viewed in a negative sense, and are not permanently removed from their comrades. The typical treatment for a soldier who succumbs to combat stress or who develops anxiety in a situation in which he has no stereotyped responses is that he is temporarily removed from duty to a relatively safe area within the combat theater to rest and assimilate his experience. He is assisted by a mental health worker be it a "combat social worker or psychologist" and returned to duty within 24-48 hours whenever possible. For individuals so treated, the recedism rate is close to "Zero" and reactions of both the man and the unit is an increased morale state (Noy, S., I.D.F., 1983).

The Israeli success with the return of stress reaction soldiers to combat creates two significant questions for American human service professionals. The greatest is the duty to increase the repertoire of behaviors to anxiety and stress in our society. The second, and perhaps the most important, point is the therapeutic strategy of quick crisis intervention with limited removal from the offending environment but coupled with support.

SUMMARY

In summary, the Israeli studies provide some very clear guidelines for American human service professionals. The history of the past year provides clear evidence that terrorism as a domestic stress reaction can be expected in the United States despite our relative lack of terroristic acts when compared to a country like Israel. While the actual number of terrorist incidents is generally low, our population is subjected to very intimate media coverage of the incidents. Subsequent security precautions in everyday work and play places make the events totally felt and experienced by our population at large. Additionally, the reactions of Americans to the terrorist may be similar to that of the Israelis. Terrorist attacks may harden the resolve of the civilian population rather than weaken it on any given subject.

For those Americans involved in a domestic stress situation, the need for an immediate support system is well established. The Israeli practice of providing that support system extremely close to the incident is a logical followup to our own knowledge of support, both individual and group following a catastrophic event. With the loss of extended families and the magnitude of some domestic events, the need for helping professionals to support individuals early in the crisis is reinforced by the Israeli experience. The challenge is for us, the helping professionals, to risk meeting the individuals and families at the site and not necessarily waiting in our offices in nearby cities or towns for things to calm down and get back to normal. Just as our medical colleagues respond to medical and domestic disasters so should helping professionals' respond to stress reactions.

In the bereavement stress response the Israeli work with war widows, bereaved parents and disabled veterans is extremely progressive and enlightening. The most significant information they provide is the need for primary education in emotional support of self and the early support of the bereaved. Their specific use of both individual and group therapy methods by qualified professionals at an early point in the bereavement and within a mutual support framework appears very workable.

Combat stress reactions is a historical condition and a natural outcome of combat. The Israeli studies basically reveal much of the information acquired by the United States Armed Forces in WWII. Foremost in their work is the assumption that early return to duty of stressed soldiers is in most cases the preferred approach which provides best results for both the unit and the individual. The Israelis are working on predictive associations to determine which troops are the most likely candidates for combat stress. Their findings, that when all indicators are equal that stress related to marriage and children is the most significant has wide ranging implications for U.S. helping professionals. First, it is apparent that working fathers and mothers do not leave their problems at home when they go to work. For those individuals in higher stress employments - such as the military, medical services, etc., the cost in training and productivity loss could be significant. Secondly, it further presents a need for ongoing studies of families, family stress and family interrelationships.

The Israeli studies in many ways paralleled some of the work being done in the United States. The work reinforces some work already done and certainly provides areas for future research. The importance of the work presented is that much more can be done for our high stress society, especially in those areas which due to lack of attractiveness have been largely ignored. The current state of the world demands much more attention to these three areas by American human service professional. The work is more important for those of us serving military populations. Not only have we been given insights for working with our troops but very important family issues have been raised which directly impacts on readiness, morale, and ongoing troop support.