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HYBRID WAR AND ITS PSYCHOLOGICAL CONSEQUENCES

ABSTRACT

The article deals with war, as experienced by human beings. The authors agree that war is materially and psychosocially costly. They present experts' opinions who professionally examined emotions and attention issues as well as dealt with the problems related to the psychological aspects of war. The main conclusion is that it is impossible to take part in a real war without experiencing strong emotions and incurring high psychological costs associated with participation in war operations. Death, injury, sexual violence, malnutrition, illness and disability are examples of the most dramatic physical consequences, and post traumatic stress disorder (PTSD), depression and anxiety are some of the effects of emotional disorders. War also contributes to disrupting the normal course of family and social life, causing suffering to people, which is very characteristic of the course of hostilities. This paper shows how people, who experienced war, respond to traumas and it presents different views on possible reactions. It also lists the consequences of psychological nature caused by hybrid warfare.

Keywords: psychology, PTSD, hybrid warfare, Eastern Europe, Ukraine

1. INTRODUCTION

War is usually a well-planned and organized activity aimed to gain such an advantage over an opponent as to turn out to be ultimately victorious. However, both a victory, and especially a defeat cause extraordinary material and psychosocial costs, which cannot be meaningfully

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and precisely calculated, in the sense of their long-term consequences because some of them are only implicit and uncertain, e.g. the ones related to unborn children, potential mothers and fathers who died as a result of hostilities.

War has been accompanying man since the dawn of time, although some scholars claim that at the initial stage of the development of social functioning, people's mutual relations were relatively peaceful. However, the dominant view regarding the reasons for starting wars allude to the apparently aggressive disposition of man who is willing to dominate, wishing to maximize his possessions, while forcefully imposing his will on other people. The methods of combat are adapted to particular conditions of fighting, and they are also contingent upon the nowadays technological level. However, at times, psychosocial aspects do play a significant role. Technical issues seem more important and they are certainly better understood, however, the use of methods of intimidation, disinformation, panic, deliberate induction of fear by the attacking forces on the one hand, and on the other hand the demonstration of mental resistance by the defenders are an important feature of warfare, including the hybrid one.

Death, injury, sexual violence, malnutrition, illness and disability are examples of the most dramatic physical consequences, and post traumatic stress disorder (PTSD). Depression and anxiety are some of the manifestations of emotional disorders. War also contributes to disrupting the normal course of family and social life, causing people to suffer, which is very characteristic of the course of hostilities. Finally, the main aim of this article is to show and describe how people respond to traumatic situations such as war.

2. LITERATURE REVIEW

One of the most important representatives of evolutionary psychology, Edward O. Wilson, described war as the "humanity's hereditary curse" (Wilson, 2012). Another psychologist William James, best known for examining emotions and attention issues, also dealt with issues of psychological aspects of war. He wrote the book under the telling title "Moral Equivalent of War" in 1910. However, first, he produced what can and should be read also in the context of war, with what he wrote still being valid and up-to-date, especially when it comes to the effects of stress and fear on the psyche of soldiers: "What kind of an emotion of fear would be left if the feeling neither of quickened heart-beats nor of shallow breathing, neither of trembling lips nor of weakened limbs, neither of goose-flesh nor of visceral stirrings, were present, it is quite impossible for me to think. Can one fancy the state of rage end picture no ebullition in the chest, no flushing of the face, no dilatation of the nostrils, no clenching of the teeth, no impulse to vigorous action, but in their stead limp muscles, calm breathing, and a placid face?" (James, 1890). These words incline us to think that it is impossible to take part in a real war without experiencing strong emotions and incurring high psychological costs associated with participation in war operations. However, James suggested something more; that is, that warfare in human history has happened so many times because of not only material benefits and the expansion of territorial gains, but also because of the positive psychosocial effects in both individual and social terms. At the individual level, one of the positive effects of war is that people feel more alive, more alert and awake, "saving lives from flat degeneration." At the social level, those positives that would bring to the merge of society and its activation in the face of collective threat. "War effort" inspires individual citizens (not only soldiers) to behave honorably and selflessly in the service of greater good (James,

1995). This positive picture of the war, however, seems quite one-sided. It should be clearly emphasized that war, apart from some limited benefits, primarily destructively affects both combatants and non-combatants. Post-war traumas are powerful negative human experience that change people forever so significantly that their loved ones may validly claim that they do not know them or understand the behavior of their fathers, brothers, relatives after the former's returning home from the wars (it is one of the most serious threats to the development of PTSD syndrome). It increases its possibility of isolation and further development of the disease. Death, injury, sexual violence, malnutrition, illness and disability are examples of the most dramatic physical consequences of war, and depression, anxiety, and post-traumatic stress are some of the most serious manifestations of emotional disorders. There are also acts of collaboration with the enemy, which are motivated by either a high level of anxiety or a desire to take revenge for alleged or actual harm suffered by one's compatriots (Guang, 2010).

3. POSSIBLE HUMAN RESPONSES TO TRAUMATIC SITUATIONS

3.1. HUMAN RESPONSES TO WAR

War contributes to the disruption of the normal course of family and social life, bringing a lot suffering not only to an individual but also to a society at large. Such suffering can be caused not only by a direct threat to one's own life, but also as a result of indirect stressors such as death and injury of loved ones, or even of complete strangers for that matter, providing that one is emotionally bound with the latter. It should be noted that war changes its face, e.g. fighting soldiers emphasize that one of the most stressful moments in war is to see the victim's face and eyes. Hence in the past, victims of crime wore hoods, which helped to treat them not as a human but as a dehumanized and completely anonymous being. Long-range weapons are used, which allows soldiers to avoid looking directly at the victims and in some sense dehumanize the person they are going to kill. Of course, this sort of weapon can also count as a very serious stressors. A good example is drone operators who, although operating far from war, sitting in air-conditioned rooms can see the effects of the weapons they operate accurately and therefore also bear a great psychological cost. However, the most mentally debilitating are direct fighting, and the participating soldiers are much more likely to develop post-traumatic stress disorder. It is also claimed that there is a principle that the closer the perpetrator was to his victim, the more severe the psychological consequences he suffered (Grossman, 1995).

So how can you react in the face of putting your own life at risk or killing another person? It can be assumed that two possibilities come into play. The first says that it is the external situation that completely controls the mental reactions and underlines that the situation itself is deeply abnormal, and not the possible human response to it. It follows that a person is incapacitated to some extent and cannot influence the current situation. Moreover, the possible psychological consequences are not merely a function of a person's psychological profile. Instead, it is the level of drasticness of the trauma experienced that matters most in this respect. This element of situation abnormality occurred in the definition of traumatic stress contained in the DSM III textbook highlighting the uniqueness of the psychological response of the individual experiencing the event beyond the scope of normal human experiences (Jayson, 2013). Proponents of this thesis identify the abnormality only with an external

situation, which is usually of a conflictive or life-threatening nature, and not with the reaction itself. This view only seems attractive because in some way it frees a particular person from responsibility not only for the situation, but in some sense justifies his reactions, which, regardless of their nature, are referred to as so-called normal reactions to an abnormal situation. In a normal situation, human activity takes on an organized and purposeful nature and the relative stability of life is not disturbed. The reverse takes place in an abnormal situation. However, the views on what is and what is not normal raise many doubts both among mental health specialists and the general audience. The authors of the concept of the emerging norm (Turner & Killian, 1987) assume that new behaviors develop in the crowd as a result of the appearance of new behavioral norms in response to a sudden crisis, including a crisis caused by war. Society is a collective of individuals whose functioning and view on various issues (including soldiers' behavior) have changed over the years. What was considered a norm for society decades ago may not be so today. In the context of war, this may mean that what is starting to be a norm is behavior that was previously unknown and unacceptable. This view is quite dangerous because of its optimistic tinge. It is known that traumatic events have a very different nature. Moreover, whereas it is much easier to recover from a trauma for a victim of a natural disaster and (despite the traumatic course of the event itself), warfare may have much more serious consequences due to the fact that it is another agent that causes terrible harm to man and, as a consequence, there is a complete lack of trust in the actions of other people, which becomes a negative predictor for possible healing of the victim. This optimism, however, has some scientific basis, which is an empirical data collected from the observation of soldiers on the battlefield. We estimate that about 80% of people suffering from traumatic experiences are able to recover without any therapy. However, this optimism is also associated with a high risk, because failure to recognize PTSD syndrome is dangerous for both the soldier and his family, as well as other soldiers. Psychoanalyst Abram Kardiner (Kardiner, 1941) wrote a report on the symptoms of soldiers entitled "Traumatic neuroses of war". He noticed that even people who functioned very well before the fight began to experience emotional difficulties, became very vigilant and began to scan their surroundings in search of imaginary threats. Their problems after experiencing trauma cannot be ignored (and were initially ignored). These included alcoholism and other addictions, domestic violence, unemployment and mental disorders. In the mid-1980s, about half of the prisoners in federal prisons were veterans from Vietnam. This led to a new wave of research and to the establishment of a new name for their ailments, which are referred to as post-traumatic stress disorder (Hochgesang, Lawyer, & Stevenson, 2014).

The second view rejects the thesis about the normality of the soldier's reaction to traumatic situations, recognizing disorders (if they occur) of psychiatric symptoms, including post-traumatic stress disorders. However, recognizing such symptoms involves the need to implement therapeutic and psychotherapeutic procedures. Post-traumatic stress is characterized by such a set of mental reactions, which include, among other recurrent retrospectives, strong anxiety, uncontrolled course of thoughts about the event, or excessive startup reactions to the stimulus that caused them. People experiencing a traumatic event manifest maladaptive behavior, difficulty coping with stress and a tendency to abuse psychoactive substances. Initially, PTSD syndrome was thought to be unique among psychiatric-type disorders because it is caused by an easily identifiable factor in the form of a traumatic event (Moran, 2017). However, it turned out that the occurrence of PTSD is not always associated with a single event. On the contrary, the greater the number of traumatizing events in

an individual's life, the greater the possibility of PTSD symptoms. In addition, the role of stressful experiences of early childhood negatively affecting the child's development, which may predispose them in the future to developing susceptibility to mental illness (Andersen & Teicher, 2008) also in response to war-like events should be emphasized. What symptoms accompany traumatic stress? They are certainly re-imaginative re-experiencing of a traumatic event, regardless of what is currently happening. This re-experiencing results in the appearance of specific avoidance behaviors, which manifest themselves in the form of sometimes very strange behaviors for the possible observer, consisting in avoiding stimuli, situations or even thoughts or feelings reminiscent of the traumatic event in question. War experiences are often associated with sudden noises, rapid movement of people, specific smells, all of which can also appear in a completely neutral situation and evoke avoidance reactions, which may seem bizarre and difficult to explain. Avoiding behaviors can be both harmful (because they unnecessarily evoke traumatic memories) but sometimes also necessary (if, for example, they are preceded by stimuli signaling danger again). In war, these behaviors can save lives in combat conditions, in line with the concept of Charls Hoge (Hoge, 2010), or prove to be completely useless and destructive in civil life, unnecessarily raising the level of anxiety and organism activation. Of course, it should be understood that avoidance behaviors, if they occur during the war, may (although they do not have to) be one of the symptoms of PTSD but can in some sense save a soldier's life. Another symptom is an excessive reaction to an acting stimulus with an increasing level of stimulation, which makes aggressive reactions possible. Finally, it is necessary to mention the symptoms of depressed mood and the associated feeling of guilt, pessimistic vision of the world and future, negative attitude to the need to take up work, etc. The latest DSM-5 classifies this disorder as associated with trauma and high stress. Additionally, this set of symptoms has been supplemented with a loss of pleasure (so-called anhedonic symptoms) (Moran, 2017).

3.2. HYBRID WAR AND ITS PSYCHOLOGICAL CONSEQUENCES

As defined by Bogusław Pacek (Pacek, 2018), hybrid war is a military conflict conducted with the participation of states, international organizations, national and social groups, conducted using all available means of combat (from very traditional to the most modern) involving soldiers and civilians, started after declaration of war or without announcing it, carried out with the use of measures provided for by law or in violation of law, with the significant participation of non-military measures, and the wide-scale application of economic, political, information and propaganda activities about various attack objects (states, societies, organizations, nations) and aimed at overcoming the opposing party or forcing the desired action (behavior) on it". However, from a psychosocial point of view, the key is that hybrid war can very effectively take place in a situation of social conflict dividing society into two sides, in such a way that civil residents residing in the conflict zone and the international community, rather ambiguously favour one side over the other. Ambiguous, secret actions are possible, false propaganda comes to the fore, connected with the denial of obvious facts related to the aggression of one side to another. As a result of this type of conflict, the boundaries between soldiers and civilians are very vague. Civilians can turn out to be soldiers, and vice versa. Depending on the needs, they take over the role of the army or covertly support one of the parties to the conflict. War strategy is about avoiding battle and seeking the greatest impact on the moral and political-strategic resilience of the opponent (Scheipers, 2016). One may

wonder what is happening to people who were in the zone of hybrid conflict, one of the characteristics of which is the excitation of continuous fear and related uncertainty, with the unpredictability of the sudden appearance and sudden disappearance of para-military formations, carrying death and destruction. In such remarkably anxious conditions, the appearance of PTSD symptoms in response to ongoing traumatic events (such as death, torture, sexual violence) becomes very likely. The chances that these reactions will be temporary and disappear automatically should be assessed as very low. Unfortunately, civilians constitute the majority of victims of modern conflicts, including hybrid conflicts, accounting for about 90% of all deaths (Pedersen & Kienzler, 2008).

The hybrid war is a cruel and unpredictable operation that can occur after creating the appropriate social, political and economic conditions. Thus, countries with significant minority groups (not only Ukraine) may be afraid of the effective use of hybrid tactics. To make matters worse, civilian casualties ceased to be merely a “collateral damage” but became the main target of attacks, and innocent people die of violence, hunger and disease. Of course, hybrid war also complicates the situation of commanders, because one of their important duties is to control the mental state of soldiers and the morale level of subordinate troops. Of course, it requires some necessary knowledge of mental health. That is why it is so important for commanders to be able to accurately detect the symptoms of PTSD in soldiers’ behavior. In such a situation, the help of a psychologist or psychiatrist and further treatment outside the area of action become necessary in more serious situations. In such cases, countries belonging to the NATO alliance have adopted the procedure of sending soldiers to their country to provide specialist assistance on the spot. In Ukraine, in the years 2014-2017, attempts were made to help the soldier on the spot during military operations. However, this method proved to be ineffective. Psychotherapy in the conditions of active actions during military conflict is very difficult or completely excluded. On the other hand, administration of only anti-depressant drugs is insufficient. Analyses of the behavior of soldiers during the conflict in Donbass of a clearly hybrid nature atpily illustrate (moreover quite similar to the behavior of soldiers during other conflicts) that the lack of reaction of the commander in relation to the soldier suffering from post-traumatic stress disorder resulted in behaviors such as lack of response to fire or attack artillery, there was the phenomenon of emotional inertia and lack of sensitivity to the risk of shooting, which often became the reason for the loss of life. In some soldiers, PTSD symptoms appeared with some delay from the situation that caused them (Pacek, 2019).

In conditions of armed conflict, this often causes disregard or lack of understanding of the behavior of soldiers affected by post-traumatic stress disorder. This happens, for example, after the soldier returns home, because the so-called “strange” behavior of a soldier is not directly associated with a traumatic event that took place many months earlier. It is also very important to note that the PTSD syndrome may be figuratively infected to other soldiers and may adversely affect their combat readiness and morale. Soldiers feel that the behavior of this particular colleague can be dangerous not only for himself but also for everyone else, thus worsening the mental condition of the entire unit. It’s currently assumed that approximately 10% of people who experience traumatic events manifest clinically significant psychiatric problems. Another 10% will have problems with effective functioning in society in peacetime (Murthy & Lakshminarayana, 2006). However, the aforementioned hybrid conflicts affect large civil society, including children. The actual consequences of war trauma in children can be far-reaching. Traumatic experiences have a very negative impact on the body of a young

person. Certainly, it can also have a negative impact on the formation of his personality structures, coping strategies, internal values of good and evil, mechanisms for controlling impulses and patterns of social behavior (Thabet, Abed, & Vostanis, 2004). This trauma of war, as well as trauma associated with the hybrid war can have much more serious and long-lasting consequences. Yet, another factor related to the hybrid war, which is still operative in Ukraine, is the emerging fatigue of both soldiers and civilians in the conflict area. This type of protracted war exhausts not only people but also changes the strategy, tasks and methods of struggle. While strategic issues are not the goal of this analysis, the issues of exhaustion and fatigue in the context of mental resilience vs its lack become crucial. It is no accident that one of the earlier terms synonymous with PTSD was “combat fatigue”. Nowadays, fatigue with a prolonged hybrid war also causes mental consequences. The chronic fatigue syndrome is known, which is characterized by an intense and persistent state of physical exhaustion, which is not even reduced by rest. It is also unclear how to unambiguously diagnose such disorders. Many American soldiers suffered and died because of this disorder as a result of participating in the First Gulf War (Smith, 2014). However, currently the lack of scientific studies, analyzing whether the phenomenon of chronic fatigue itself is conducive to the emergence of PTSD syndrome, but it should be assumed that this is the case.

4. CONCLUSIONS

In constantly evolving security environment, wars, including hybrid ones, lead to chronic psychological consequences. It mostly affects the surviving population who experience high levels of trauma and soldiers who were engaged in military actions. For instance, the situation in Ukraine has shown that the healthcare system has not been adequately prepared to provide psychological and medical care for its civilian population suffering from psychological consequences and PTSD. That is why actions should be taken to develop the system of support and help. The authorities should recognize the need of creating professional help centers, recruiting highly specialized specialists, investing in psychologists’ training and what is also very important creating the system of material aid for victims.

These recommendations are hard to implement because the psychological area is often trivialized by decision-makers and military commanders.

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