



# ASSESSMENT OF PSYCHOLOGICAL CHALLENGES AND TREATMENT POSSIBILITIES IN MILITARY PERSONNEL

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*Disaster management is a very complex phenomenon, which is not only the task of an organization, rather a common aim of the government, social organizations and civilians. Disaster relief, prevention, response and recovery are complex processes where cooperation between countries and international bodies is essential. Breaking with previous conventions has made the system more open, thus they can monitor the effects of disasters from several aspects. In addition to social and economic damage prevention, this paper's aim is to clearly stressing the fact that more attention should be paid to psychological assistance and psychic resilience improvement of military personnel.*

**Keywords:** *stress; psychological assistance; resilience; disaster management; defence forces.*

## Introduction

The news often informs us about various disasters and their consequences. Disasters have an impact on the life of those living in the affected area and, most certainly, on the life of the various military and helping personnel who act during disaster management. Civilized societies are usually based on solidarity, thus helping and assisting the people in need is a basic characteristic in most societies. Nevertheless, psychic reactions and mental load can arise during such assistance

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processes that can even affect the relief efforts of the action bodies rescue personnel. It would be beneficial to survey whether staff of professional action bodies are aware of their appropriate reactions for each mental load, and how could their psychological endurance be further strengthened?

From the perspective of the intervention staff, a given mental load or problem can even disrupt an intervention process of the whole action body. The increasing number of research results in the psychological sciences have broadened people's knowledge of various difficult social phenomena, as well as natural and civilizational disasters. The law of 1935/12<sup>th</sup> Article, regarding aerospace defence in Hungary, established the Hungarian Air Defence Spaces Protection as the legal predecessor of civil protection. The activities of the groups involved in this kind of defence date back a long time. Throughout history, of course, these groups have had various names, but what they still have in common is that their success depended not only on the technological level of the age or their application, but on the most important factor of all time: the human factor! Their most important aim has been to save human lives. Disaster protection has increasingly evolved into a system of regulated defence, which has also meant protecting the values of society. The tasks of national defence forces and disaster protection are similar, however, the cause and timing of a given event point to the differences, because if an action is called an act of war in the case of a war, it can be human activity in the case of protection against natural disasters during peacetime.

The Fundamental Law of Hungary<sup>1</sup> designates the basic tasks of the Military of Hungary, as well as that it participates in the prevention of disasters, on the basis of Defence Act and the Disaster Protection Act. Task of disaster protection sector are regulated by a decision of the Minister of Defence<sup>2</sup>. In the life of the intervention personnel of both organizations, it may become necessary to treat mental loads in order to avoid psychosomatic diseases. As unpredictability increases, people's sense of vulnerability also increases. Anxiety, the emergence of fears increasingly proves that people should not be left permanently in a state of doubtfulness. The catastrophic and panic processes also require the complex assistance of mental crisis management. The growing number of disasters poses a constant challenge to national governments, the military, and disaster management organizations. The role of authorities during an emergency situation is key in the management and coordination of assistance, as they have a legal duty to take care of those involved. The need for the supportive power of international and national humanitarian organizations is also being strengthened.

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<sup>1</sup> The Fundamental Law of Hungary, Article 45 about The Hungarian Defence Forces

<sup>2</sup> 23/2005. (VI. 16.) Military of Hungary, decision about disaster management, prevention and action for military personnel



Scientific results have expanded people's knowledge of various social phenomena, natural and civilizational disasters. Rapidly evolving technology increases the chances of preparation, thus improving prognosis and also the effectiveness of defence. The professionals who perform the primary intervention appear on the spot as the first contact during disasters. While they carry out their professional work, they are under considerable psychological pressure, thus they are often unable to provide psychosocial support to others.

Revealing the causes of psychological trauma, its aspects, and helping to treat and endure the difficulties of crisis situations is a psychology matter. The intervention forces, the soldiers are also exposed to extreme level of stress, hence it would be necessary to monitor their mental health as well. In addition to their professional training, the intervention staff should be aware of the degree of their mental level and preparedness to prevent the development of depression, possibly post-traumatic stress disorder (PTSD). Thus, it becomes necessary to apply the possibilities of psychosocial support to disaster management tasks as well. The role of assistants helping in treatment is increasing, but the requirements for the assistants are not yet formulated.

### **Stress Resources and Treatment Possibilities**

It is important to monitor the most important milestones during the development of mental assistance and to compare its possibilities and applied methods with its current situation to be suitable for future expectations as well.

The staff of the defence bodies needs psychological support, which is provided primarily by the psychologists of the defence organization in Hungary. However, the capacity is not sufficient for full support in several cases, thus investigating and improving psychological support has become essential. The mental preparedness and carrying capacity of the helper is an inevitable part of all support activities. Rescue forces are living in permanent stress, their adrenaline levels are usually high, which can have negative long-term effects. Thus, stability of the psychological and immune system of the primary intervention personnel is necessary.

Three groups of stressors can be divided into three subgroups:

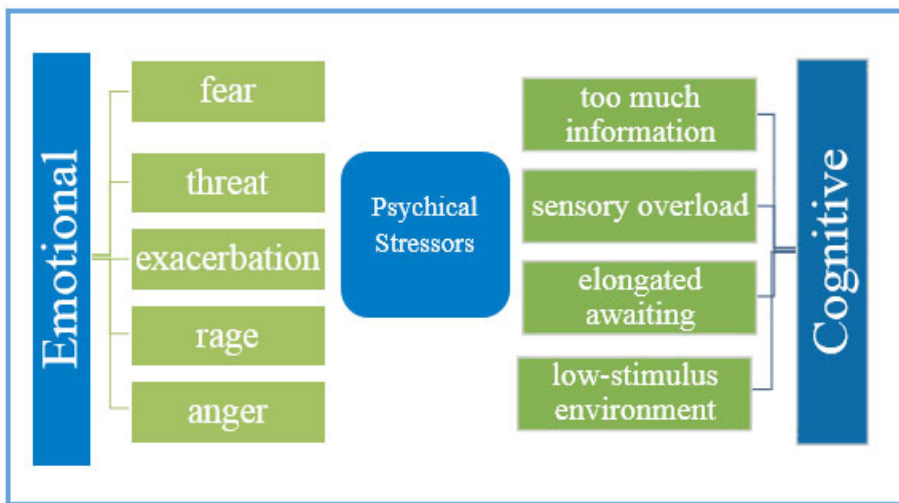
1. Psychological stressors (social interactions, failures, conflicts, frustration, etc.);
2. Physical stressors (strong vibrations and sound effects, heat effects, injuries, sensory dimming, etc.);
3. Social stressors (severe family and social crises, major social changes, economic crises).

Stress-related changes and reaction can also be divided into three groups:

1. Psychic reactions, which can be:
  - a. affective (emotional);
  - b. cognitive, and
  - c. motivational reactions.

- 2. Physiological (physical).
- 3. Behavioural reactions.

Stress is our body’s response to different types of workload. The differences between eustress and distress are the triggers, the causes of stress stimulus. In many cases, it is not possible to determine the different effects of stressors. Eustress can be, for example, a new challenge, the excitement of the workplace, a long vacation, anything that fills us with positive excitement. The distress is the opposite of these, which tend to cause anxiety and fear, such as disasters, pandemics, hopelessness, financial difficulties, divorce, etc.



**Figure no. 1:** Emotional and cognitive causes of stress

To reduce the impact of the stress phenomenon, preventive measures are needed even before the stressor appears. Prevention in this case may include immediate treatment as well. Prevention aims to reduce the intensity of the effects of a stressor on an individual (Jones 1995).

One of the possible ways of prevention is the appropriate use of psychological measuring tools during the selection, as well as the regular psychological control and support of new employees. Furthermore, the process of training can be included in the prevention toolbox. This encompasses both professional (e.g., learning and using new technical tools), and psychological (e.g., reducing anxiety caused by ignorance) training. Preventive measures also include recognizing and treating the stress symptoms. Knowledge of the temporal aspects of stress reactions helps professionals to select appropriate tools and therapeutic methods for successful treatment (Barna n.d.).



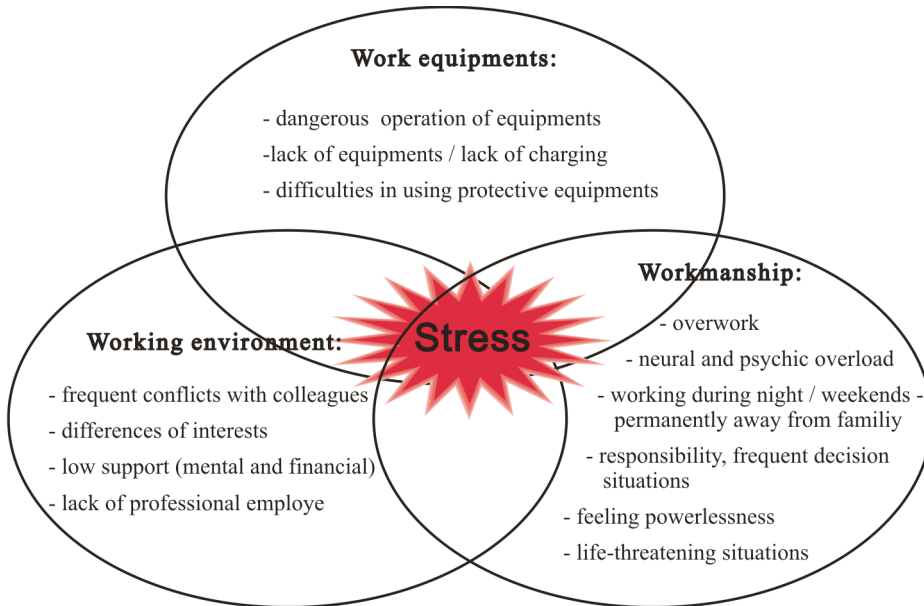
Staff of national defence and disaster management organisations can frequently cope with fear and anxiety, but for several person's mental stability does not return to its balance because their psychic resources have been damaged because various stress reactions. In their case, crisis intervention is necessary (Pavlina – Komar, II. 2007). Crisis intervention is an immediate action that takes place within 72 hours of a crisis, when contacting relatives and family members is also part of the process. Rapid assistance helps prevent mental injuries and post-traumatic stress following a crisis. The focus is on resolving stress and fears, reducing acute symptoms, creating the opportunity to find mental balance. The feeling of fear occurs during a disaster when one is in trouble, and this process brings physiological changes that help to survive. However, it does not always lead to successful activity, because it can increase some ineffective escaping behaviour as well (Dr. Zellei 2000). Fear can be crippling for both body and mind. Fear can be felt towards real things, while the object of anxiety is a non-existent thing. Anxiety can occur suddenly and can often last for years.

Persons working in the field of assistance/protection are in especially difficult situations when struggling with some anxiety, and negative life situations because of the nature of their work, can affect their living. Since it is a negative feeling, we try to get rid of it, but it is almost impossible without mental treatment. Therefore, the fear of anxiety itself triggers another anxiety in us. This fact was articulated by anxiety specialist Tim Box in an interview<sup>3</sup>. He then put it this way about treating anxiety: “the biggest problem in treating anxiety is that we count it as a disease, even though anxiety is an emotion that is present in every person's life, to varying degrees, of course.”

During mass disasters, rescue forces are also affected by psychological effects that would normally require psychological training to diagnose and treat. We hypothesize that stress effects affect their lives, thus there might be diseases in which there is a link between their health status and the experienced stress. The helping, protective and rescue forces perform a hard work in extreme conditions that is physically and mentally stressful. Their preparedness is provided by a combination of three important areas: professional knowledge, physical condition/fitness and mental preparedness. These must be established in the previous period, during trainings. During their work, they must be provided not only with the minimum care necessary for their existence and work, but because of the hostile and unhealthy conditions in many cases, their security must also be ensured. An important performance limiting factor is inadequate task allocation and inadequate timing (Hornycsek 2011). In the following, we have summarized the results of research in a stress map and assigned those organizational and task-specific community resilience components that can be defined as effective protective factors.

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<sup>3</sup> Tim Box: How to stop feeling anxious about anxiety, TedTalks, TedXFolkstone, Interview 14. 10. 2019. <https://www.youtube.com/watch?v=ZidGozDhOjg&list=LL&index=5> downloaded in 01. 05. 2021.



**Figure no. 2:** Stress map of the staff of defence bodies

Staff of defence bodies usually work together on phenomena that is much larger than their own tasks. Collectives, communities can thus achieve much greater results than individuals, but the individuals are needed to operate collectives. Therefore, workers can reasonably expect from both their leaders and vulnerability-reducing factors such as clothing, equipment, etc., to receive the appropriate support and protection. Experiencing and treating emergencies are processes that involve increased mental load, even extreme stress, and, in some cases, trauma. Extreme stress is a level of stress when the heart rate and blood pressure are close to the physiological limit, when cognitive functions, such as perception, are reduced, and inadequate emotional and behavioural reactions can occur. Thus, “paralysis of action”, panic reactions, or symptoms of catastrophic syndrome<sup>4</sup> are typical (Urbán and Péter 2016).

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<sup>4</sup> Catastrophic syndrome: Psychic and social problems what victims of crises and disasters usually experienced. Professionals of crisis management distinguish specific phases of the syndrome: pre-impact (restlessness and anxiety accompanying the threat), impact (disaster occurs and the community organizes rescue efforts), post-impact (often referred to as the “honeymoon phase” because it is characterized by high-energy struggle and mutual cooperation) and disappointment (when individuals face long-term consequences caused by a disaster).



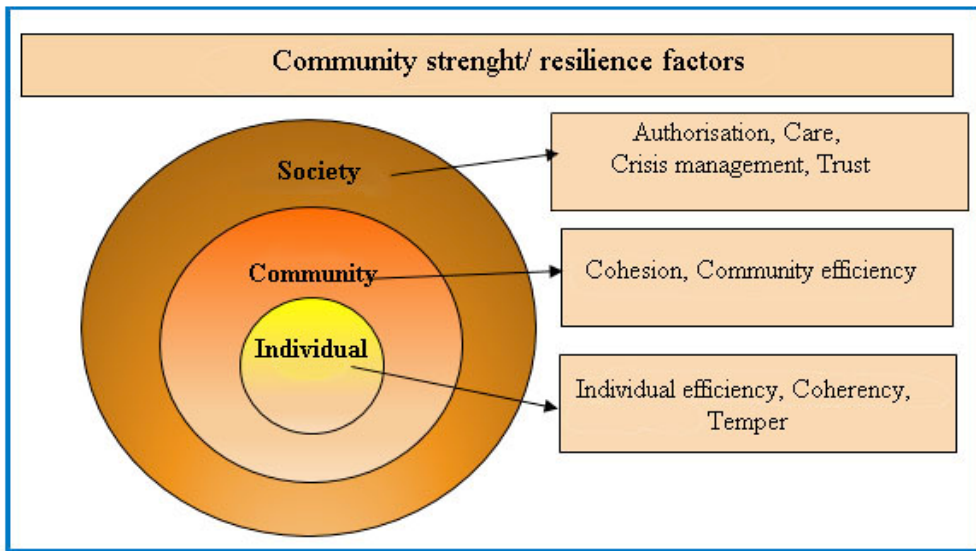
Coping with stress is a complex process for which many psychological models exist. The definition of resilience goes back to Block (1969), who examined the factors of mental resistance. The concept of resilience has become very popular and widely used in recent years. In addition to not having a generally accepted definition, a number of different fields of research started to apply. The term “resilience” originated from the natural sciences, where it is defined as the ability of an object to return to equilibrium after disturbance (Bajayo, 2010). It is also widely used in the social sciences and psychology, where it refers to a similar human to reach the equilibrium after tilt over (Devaney 2014).

Experiencing a crisis situation can tilt an individual over of the stage of mental equilibrium and thus in many cases can cause mental illness, which can even lead to a pathological stage. According to the classic analytical interpretation, the ego is constantly struggling with the threat of the perceived world, while prevention can work unconsciously. Coping is a conscious struggling process, a struggle that constantly controls environmental effects to reduce fear. In examining what makes an individual more resilient than another, current psychological research concludes that certain protective factors that strengthen and/or maintain the resilience of one person (and a group) exist. The conditions for maintaining resilience can be distinguished into three main groups: the family, the individual and the environmental protection factors.

The main goal of resilience research in Hungary is prevention. In terms of health psychology, the role of protective factors responsible for the development of psychosomatic illnesses is mapped. An increase in resilience can only be expected from the combined effect of several components. Although post-disaster intervention by governmental and humanitarian organizations can trigger resilience development, long-term knowledge requires ongoing collaboration between organizations, communication between organizations and also with the public, development programs, project-based funding, and widespread dissemination of results (Sáfár 2018).

International Federation of Red Cross and Red Crescent (IFRC) provides perhaps the most accurate definition: “community resilience is the ability of communities exposed to disasters, crises, vulnerabilities to anticipate, prepare for, mitigate, adapt to, and recover from the effects of shocks and stress, without risking their own long-term plans and aims” (IFRC 2014).

The resilience of the community in the field of military services is largely determined by more favourable working conditions, supportive environment, and favourable group cohesion. Extraordinary situations have a particularly detrimental effect, but the common, ordinary effects should not be neglected either. In the defence field, such ordinary effects can be the constant readiness, the extreme load of wearing uniforms and protective clothing, and the peculiarities of the command system, during which the worker may find himself frustrated. It is not easy to process workplace mobbing, possible restrictions on personal freedom, and so on.



**Figure no. 3:** Resilience factors in different levels of community

Psychological and emotional support is necessary to maintain the mental health of all workers, helpers. Efforts should be made to minimize the effects of stress events and the symptoms of post-traumatic events. Workers should not be stigmatized when they are more affected by a stressful event or less able to treat it.

To help increase resilience, a leader should strive to ensure the opportunity for the members of the intervention team to share their experiences and feelings, either immediately or later after a stressful event. The potential sight of cadavers and the feeling of powerlessness constantly reminds the individual that he had suffered a negative phenomenon. Sight of several serious emotions, crying, breaking up families involve extreme levels of stress. The issue of mental assistance is a great opportunity, because if the mental health of the rescue staff decreases, the management of the problem, disaster, crisis and mitigation of its consequences would be endangered.

It should be an important task for the direct commander to monitor the reaction of the participants during the intervention event. Emotionally, intelligent leaders can handle their destructive thoughts and remain calm even in depressing situations. They can adapt quickly to the situation and also to the rapid changes. They cannot live life routinely, but should constantly upgrade their qualities or learn new coping techniques for stress treatment. If necessary, they should pick person(s) most affected by the stressful event out from the situation.

In our accelerated world, mental loads of the increasing challenges and the diversity of disasters are accumulating at an growing rate. Finding solutions for more and more distressing problems await leaders and disaster management commanders,





who need their mental, physical, and emotional renewal to do this. Thinking as a team-work, strengthening the cohesion also requires caring for personal and emotional aspects and competencies. Well-resonant leaders know exactly when to go into the details and when to just listen. New conversational techniques, or the ability to empathize can also help understand workers' mental state, thus commanders need to be increasingly open to this area as well. They would be able to encourage their employee, teammates, comrades even more when paying attention to mental assistance. There should be a natural need in the leader to bring hidden or silenced things to the surface from their subordinates, which can strengthen the trust. At the same time, today's leaders should also be aware of performance-oriented, highly ambitious individuals often report exhaustion, possibly burnout, which needs to be monitored as they can reduce the efficiency of their work. Unfortunately, these are not individual cases, their number is growing every day.

The mental balance of the intervention personnel should also be monitored, because if their mental balance suffers, they would feel emotionally and mentally threatened and hopeless, and they easily can fall into an "emotional vortex". They often realize they cannot overcome these psychological difficulties on their own. Fear is a very important emotion for the body's defence as it can trigger instinctive survival reactions. Fear exists in the life of all of us and can have both negative and positive effects. Jenő Ranschburg distinguishes between preventive (expected) fear and post-event panic, and has experimentally demonstrated that if the individual has the opportunity to experience the impending danger in time, he/she will acquire preventive activities more quickly and carry them out more effectively (Ranschburg 1983). Helpers have a big role in this process: anyone can be a helper who can be involved in treating the mental load, or can tip the person out of hopelessness. The main aim of mental assistance should be the acceptance of the experienced trauma and the same time giving hope and help starting the idea of redesign. Honesty, encouragement, empathy is needed for mental and emotional assistance. Additionally, a basic requirement is to not promise something we may not be able to fulfil, because it can deepen depression and give space to mistrust.

Several studies emphasized the important role of pro-activeness from helpers. There is a consistent conclusion that helpers should not wait for people who have suffered a disaster to seek help, as their current mental stage may not allow them to behave actively. People who have experienced a crisis or trauma often have narrowed focus and can concentrate on the given problem<sup>5</sup>. Generally, nowadays it is yet unusual to share our mental and psychological problems with an outsider, which can often seem ridiculous. Some people have the anxious feeling that this behaviour is a sign of weakness, as well as an indication that an individual is unable to cope with their own situation. This should be changed in the collective minds of society.

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<sup>5</sup> Interview with lieutenant colonel Péter Kovács (16.04.2014), who is the lead psychologist of Directorate for National Disaster Protection Organization.



The lifestyle and direct environment of humans in the 21<sup>th</sup> century involves many positive things and situations, but unfortunately also can be a cause for constant concern. Nowadays, the emergence of epidemics, the constant struggling with disasters or terrorism are all problems that people must face (Besenyő 2017). The SARS-CoV2 pandemic has made everyday life especially difficult. Anxiety, fears, feelings of helplessness are becoming an increasing mental load on us. Doctors, health workers, soldiers and staff of disaster management forces on the front lines have a great responsibility. During their work, they may be affected by so high mental loads that are usually observed, for example, in the primarily intervention personnel during natural disasters or in war zones. The need of daily constant preparedness, fears, the proximity of deaths, and feelings of powerlessness can also trigger emotional trauma that can lead to serious mental problems.

Important aspects of mission tasks are to guarantee regional security and to cooperate with governments. It is also crucial to protect the civilian population and guarantee the security of international civilians. Soldiers delegated to missions are expected to be able to carry out their activities effectively even when employed in conditions other than those at home. For this, already gained experience is essential either as a subordinate or as a leader. Participation in team practice was previously an essential requirement, but this is no longer a significant part of practice. Impeccable health, physical and mental stability are essential for excellent and rapid situational awareness and decision-making (Besenyő, Participation of Hungary in African Operations between 1989-2019, 2019)

### **Conclusions**

It can be stated that in order to successfully cooperate in all disaster-stricken areas, the intervention personnel work together with the civilians and non-governmental organizations. It can also be increasingly demonstrated that effective preparation reduces the extent of damage caused by disasters. Rapidly evolving technology can increase the level of preparation, however, a sense of vulnerability becomes perceptible. It can reinforce feelings of danger, unpredictability, anxiety, and fear, which may require the use of complex mental assistance. After examining the methods of psychosocial assistance, it is clear now that various methods are suitable for proper mental assistance both at the individual and community level. The mental treatment of disasters has various individual psychological and social effects. There are cases where the assistance staff/helpers also need help so that integrative collaboration between humanitarian organizations can provide a higher level of psychosocial and mental assistance and care. That is why it would be worthwhile to process and treat our experience, make them available and incorporate as soon as possible during the practices and preparations.



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