



MIND MATTERS



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EDITORIAL

WAR VERSUS PEACE

Wars are abnormal, insane. In the context of world history every generation has faced wars and seems inevitable. In 1967, the Scottish psychiatrist R. D. Laing wrote, "Insanity is a perfectly rational adjustment to an insane world. Normal men have killed 100 million of their men in the past 50 years". **The personality theories explain wars in terms of the quest for power, greed, to conquer and dominate. Impulsive Political leaders with emotional imbalances** can fuel conflict, hatred, aggression, revenge, by distortion of facts through biased opinions, prejudices, propaganda and wrong beliefs to escalate tension among citizens, culminating in war.

Wartime behavior thus becomes highly emotionally irrational, where killing becomes the norm and somehow meets the criteria of 'severe mental disorder'. The Diagnostic Manual of The American Psychiatric Association mentions disorders such as dissociative, derealization, depersonalization, delusional, grandiosity, inflated ego disorders among the aggressors. **Wars disinhibits and desensitizes the perpetrators which dehumanizes them further.** Psychological Defense mechanisms of denial, externalization, projection, rationalization, and violence have the effect of reducing anxiety and stress in oppressors.

The 20th century witnessed two major World Wars shaped by political leaders such as Adolf Hitler, Winston Churchill, Franklin Roosevelt, Joseph Stalin, Mao Zedong, Ho Chi Minh, Charles de Gaulle, Emperor Hirohito. **India fought the war of Independence from Britain**, spanning a century, culminating in the tragic religious Partition into India and Pakistan. Estimates indicate 12-20 million people were displaced as refugees and 2 million deaths from riots, massacres, disease and starvation. Known as histories largest mass migration with communal violence, it left behind a **mental health legacy of intergenerational trauma, PTSD, anxiety, and fractured communities, that had hitherto lived in harmony for centuries.** The psychological toll is humongous. The horror stories, the traumatic memories have been passed down the generations and still reverberate in affected homes.

The harmful consequences of wartime environments on both military and civilian populations through trauma, displacements and loss has been well researched and documented. 'Shell shock' of World War I and 'combat fatigue' of WW II were precursors of the now known PTSD (Post Traumatic Stress Disorders). Research shows depression up to 68%, PTSD 42%, anxiety 50%. WHO estimates 22.1% prevalence of mental disorders in conflict afflicted population.

However, there are peace- loving countries, with low conflict and stable governments with strong economic policies, combining prosperity, welfare and sustainability. India has never waged a war against nations, rather only engaged in self- defense. India's neighbor **Bhutan introduced the national**

policy of Gross National Happiness (GHP) in 1970 to measure success via wellbeing over the GDP focus. Bhutan prioritizes holistic wellness and this framework guides governance, health, and peace initiatives, fostering mental health and environmental harmony. Its Buddhist roots promote mindfulness and compassion daily, with events like the Global Peace Prayer Festival emphasizing moral leadership. Policies are literally



screened based on **'Will this increase national happiness?!'**

New Zealand bases its National budget on wellbeing indicators and not just economic growth. **Nordic countries like Finland, Denmark, Norway**, run on welfare and trust models. They prioritize universal healthcare, free/affordable education, work-life balance and social equity and trust.

Wars are not inevitable features of the human spirit. Peace is possible. Rotary International's efforts in peacebuilding is significant. Rotary invests in peace education and capacity building, fosters strategic relationships, and integrates peacebuilding into all of Rotary's programs and service. We believe when people work to create peace in their communities, that change can have a global effect. **At a micro level in families and communities where we live**, we can begin to understand the psychological roots of conflict, speak a non-violent language of peace, start training in conflict resolution, anger management, emotional regulation, mindfulness and meditation training, positive thinking, critical thinking, active listening, non- judgement attitudes, respect for diversity, empathy and universal compassion.

When the inner life is managed well, the mind can evolve to a higher level of integration and good mental health.

- Rita

**-Rita Aggarwal.
Editor**



BATTLES FOR THE MIND: REFLECTIONS OF A FORMER MILITARY PSYCHIATRIST

Wars are as old as civilization itself, though the morphology of the warring sides, battle tactics, and weapons' technology has evolved phenomenally over the millennia.

The psychological impacts of combat-related stressors on soldiers in conventional wars, with clearly defined objectives and an identifiable enemy, have been extensively researched. The December 1971 war between India and Pakistan for the liberation of its eastern wing was unique in that operational preparations had begun in April itself. Based on the published studies from the two world wars and allied operations in Korea, the plans for managing psychiatric casualties were predicated on the principle of intensive intervention and quick return to duty. The experience of the allied forces indicated that evacuation to the rear beyond the corps operational area often resulted in the soldier not returning to active duty for the rest of the war.

Accordingly, crisis- intervention psychiatric units, attached to corps headquarters had been conceptualised. However, as it turned out, we did not have a single psychiatric casualty during the 13-day war which led to the birth of Bangladesh and the unconditional surrender of over 90,000 enemy troops. The post-hoc analysis revealed 4 principal reasons for this phenomenon, unique in the annals of modern warfare: short duration, clearly defined goal, complete victory, and confidence in the military as well as political leadership. Exactly the opposite set of circumstances contributed to the ignominious defeat of US and their allies in Vietnam and, more recently, in Afghanistan.

Counterinsurgency operations, on the other hand, pose an entirely different and infinitely more complex challenge. The element of ambiguity and uncertainty is inherent in the very nature of counterinsurgency operations. The enemy is virtually all around you, unidentifiable from the innocent civilian. The phiran might well hide an AK-47, or the burqa a hand grenade. The soldier must walk a thin line. A reflex retaliatory response could result in highly damaging collateral damage. The My Lai massacre had dealt a mortal blow to the reputation and credibility of the US Marines and alienated the Vietnamese people and eventually contributed to the American defeat.

Unlike conventional war, counterinsurgency operations involve prolonged spells of stress punctuated by quantitatively and qualitatively inadequate opportunities for relaxation/recovery, imposing immense and often, unbearable demands on even otherwise robust subjects. Officering troops in these complex operations requires dedication, courage, and professional skills of a high order. It also involves sensitisation to problems and issues which are peculiar to such operations. Training programmes have been customised accordingly to incorporate skilling in these and related domains. The Rastriya Rifles (RR), composite battalions comprising officers and men from all arms and services, have proved to be a game changer in this regard, providing these young warriors baptism by fire in real time. Their courage, grit and determination were responsible for the victory against seemingly impossible odds in Kargil.

-Colonel (Retired) D S Goel,

Formerly Senior Adviser (Psychiatry), Armed Forces Medical Services; National Consultant (Mental Health), World Health Organisation (WHO) and Mental Health Adviser, Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India, New Delhi.

MENTAL PREPAREDNESS FOR WAR

War is a serious business. There is a famous saying viz., "The more you sweat in Peace, less you bleed in War." This saying means that rigorous training and preparation during calm times reduces casualties and ensures success during conflict. Soldiering is not only a tough task, it requires tremendous determination and grit to achieve the impossible in times of war. **Soldiering is a serious profession wherein boys are made into a well organised fighting machine.**

In the present-day high-tech scenario or modern warfare, as witnessed in the Middle East, keeping the soldiers motivated to face severe adversities in the battlefields is becoming very challenging. Overcoming fear of death isn't about becoming fearless, it's about staying functional when fear is present. **Fear in war never really disappears, soldiers learn to manage it, channel it and act despite it.**

Some methods practiced to enhance mental health fitness:

- 1. Training to Build Automatic Response:** Military training is repetitive and intense on purpose. Drills, simulations, and stress exposure make actions almost instinctive. When fear spikes, the body falls back on training instead of panic.
- 2. Unit Bonding [Brotherhood]:** Soldiers often say they fight less for abstract ideas and more for the people besides them. Strong trust within a unit reduces fear your focus shifts from, I might die to, I can't let my team down. The spirit of Naam, Namak and Nishan is drilled into the psyche of the soldiers. Here Naam denotes the Izzat of the Paltan. Namak denotes allegiance to the nation. Nishan denotes the Flag of the Nation/Unit.
- 3. Mental Conditioning:** Techniques like controlled breathing, visualization, and staying task focussed help manage anxiety. Breaking situations into small, immediate actions keeps the mind from being overwhelmed.
- 4. Leadership and Discipline:** Clear commands and confident leadership give structure to chaos. Discipline helps soldiers act even when emotions are intense.
- 5. Exposure Over Time:** The first experience is usually the most frightening. Repeated exposure can reduce the shock factor and build resilience, though fear never fully disappears.
- 6. Purpose and Belief:** Belief in the mission whether it's protecting others, defending your own nation or supporting comrades gives meaning that can override fear.
- 7. Acceptance of Fear:** Experienced soldiers don't deny fear; they accept it as normal. The acceptance itself reduces fear. In simple terms: fear + control+ action.

In spite of all the preparedness, soldiers can suffer mental health disorders as the impact of war is severe and widespread. Recovery often requires psychological support, counseling, community rebuilding, and long-term care.

- Brigadier IPS Ahuja (R),

Awarded Mention in Despatches (Gallantry Award) in Kargil War as Commanding Officer of an Engineer Regiment in Kargil



MAN'S SEARCH FOR MEANING BY VICTOR FRANKL: A BOOK REVIEW

WAR AND MENTAL HEALTH: PERSPECTIVES OF AN INDIAN-ISRAELI JEW

In today's world where we continue to witness conflict, war and suffering, Victor Frankl's book- 'Man's Search for Meaning' not just feels relevant, but also necessary. **Victor Frankl, an Austrian neurologist and psychiatrist, who was also a Jew, was deported to a Ghetto with his wife in September 1942.** He spent three years in four different nazi camps in dehumanising conditions, before being liberated in 1945. This book was written by him in 1946, after surviving the concentration camps by the Nazis, during Holocaust and gives us a deep insight on how humans endure extreme pain and suffering. The book has two parts- the first part shows us the unfiltered truth about life inside the concentration camps where hope was little and survival seemed uncertain. The second part describes 'Logotherapy', a theory which he propounded on the basis of his observations of human resilience within the camps. **He noticed that those who survived were not necessarily the physically strongest, but those who could find meaning, even in suffering.**

This is the very foundation of Logotherapy, Frankl's therapeutic approach, which suggests that the primary human drive is not pleasure (as proposed by Sigmund Freud) or power (as Alfred Adler believed), but the finding of meaning and purpose. **According to Frankl, even when everything is taken away, one freedom remains- the ability to choose one's attitude in any given set of circumstances.**

Against the backdrop of ongoing wars across the globe, destroyed homes and uncertain futures resemble the existential despair Frankl describes. While the intensity and context are different, the emotional reality- loss, fear, helplessness- remains similar.

What makes Frankl's perspective powerful in today's context is that it does not glorify suffering, nor does it offer toxic positivity. Instead, it invites a deeper reflection: In such circumstances, what gives our life meaning? For some, it may be love, for some it may be responsibility towards others and for others, faith. **This book reminds us that healing is not always about eliminating distress, but about making sense of it.** In therapy rooms and everyday life, this translates into helping individuals reconnect with purpose- even when circumstances cannot immediately change. **This book reminds us that healing is not always about eliminating distress, but about making sense of it.**

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However, Frankl's insights do not mean to invalidate one's pain or suffering. **Rather, they show us that meaning can coexist with suffering and sometimes, become the very reason one overcomes it.**

In times like these, 'Man's Search for Meaning' does not give us answers, but it gives us a perspective. A perspective that helps us see human strength not as the absence of pain, but as the courage to live meaningfully despite it.

-Devika Gokhale

Counselling Psychologist, Nagpur



War is often defined by physical destruction, but its most enduring scars are etched into the human psyche. Having lived in Israel for over 50 years, I have witnessed a cycle of conflict that never truly ends. Yet, Israeli society has mastered "chaotic normality"—the art of leading a routine life within the profoundly abnormal.

From Kerala to the Frontlines: My journey began in the 1970s when my family emigrated from the serene landscapes of Kerala, India. As observant Jews, we sought the "Promised Land," but our arrival was a baptism by fire. We traded the quietude of India for the 1973 Yom Kippur War.

I vividly remember the terror of that period. My 20-year-old brother was sent to the northern front. In an era before instant communication, we waited in agonizing silence for a month before learning he was alive. It was my first lesson in the Israeli condition: the inextricable link between family life and national survival.

A Nation Defined by Necessity: Israel is a tiny nation—roughly 22,000 square kilometers—home to 10 million diverse citizens. Hemmed in by hostility, the country became a testament to the idea that necessity is the mother of invention. This pressure fueled world-leading innovations in defense, AgTech, and medicine. However, technological prowess cannot always shield the soul.

The Trauma of October 7: October 7, 2023, remains scorched into our collective memory. The heinous invasion by Hamas and the loss of over 1,200 lives shattered the sense of basic security many took for granted. The psychological "tsunami" that followed was unprecedented.

As a volunteer for an **Israeli Rotary project**, I worked with children orphaned or displaced by these events. The trauma is deep; the feeling of helplessness is a heavy burden. By early 2026, the cumulative impact of ongoing conflict with regional proxies has shifted Israel's mental health landscape into a state of continuous national emergency.

The Paradox of Resilience: Despite the constant threat of missiles, a fascinating paradox exists: Israelis remain remarkably optimistic. Systems like the "Iron Dome" and the newer "Iron Beam" laser provide more than physical defense; they offer a psychological safety net. This infrastructure of safety allows life to persist.

Our resilience is visible in small, defiant acts:

The "Siren Sprint": People have seconds to reach safety, yet once the "all-clear" sounds, they immediately return to their coffee or work.

The Pursuit of Joy: When sirens are silent, beaches and cafes are full. It is a refusal to let fear dictate existence.

A Prayer for the Future: The higher self is often revealed in the darkest times. While our inner strength provides the courage to continue, strength should not be a permanent requirement for existence.

Every person's deepest wish is to live in serenity, enjoying physical and mental well-being. My prayer remains constant: May peace prevail in Israel and across the world. May the children of our region one day play together, free from the shadow of fear.

Jai Hind. Shalom.

-Zipora Meir, Israel



PSY OPS: WAR AND THE MIND

War is not only fought on battlefields; it is fought in minds, through narratives that shape what people believe, feel, and accept.

Before a war begins, a story is carefully constructed—of threat, pride, justice, or survival. Through the lens of the **Framing Effect**, the same reality is presented in ways that make conflict appear not just necessary, but inevitable. “We are defending,” “we are reclaiming,” “we are protecting”—these phrases do not merely explain war; they authorize it.

Once war begins, narratives shift from justification to endurance. Loss, fear, and uncertainty are reframed as sacrifice and patriotism. Here, propaganda plays a crucial role—not always by lying, but by selectively telling truths that sustain belief. Repetition turns opinion into “fact,” and emotion overrides doubt. This leads to **Cognitive Dissonance- the mental discomfort experienced when holding two or more contradictory beliefs or when behaviours clash with beliefs**. Thus, the story keeps the war alive.

Yet, the most silent sufferers are often those who do not fight—the general population, the “helpless spectators”. They live in a state of constant psychological tension: fear of loss, uncertainty of future, and emotional exhaustion from continuous exposure to distressing narratives. War enters their homes not through bombs, but through screens, conversations, and imagination. Even from afar, the mind absorbs the chaos. **This can lead to chronic anxiety, helplessness, and a numbing of empathy—a quiet mental health crisis unfolding in the background.**

For those within the war zone, the impact is deeper. Civilians experience not just physical danger, but identity disruption and prolonged stress. **For those outside, repeated exposure to curated narratives can create polarized thinking—reducing complex realities into simplistic “good versus evil” binaries.** In both cases, the mind becomes a battleground.

Wars do not end only when weapons fall silent; they end when narratives lose their grip. When the story shifts from “winning” to “healing,” from “enemy” to “human,” space for peace emerges. Media, therefore, carries immense responsibility—to inform without inflaming, to question without bias, and to humanize beyond headlines.

Because in the end, war is sustained by the stories we believe—and peace begins when we learn to question them.

-Dr. Aabha Pimprikar
Co-Editor

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TRACING WAR, HUNGER, AND HEALING: NUTRITION, DISPLACEMENT AND MENTAL HEALTH

In refugee camps shaped by war, meals arrive on time. Steel plates are filled, children sit in rows, and distribution follows a rhythm that resembles normal life. Women gather near makeshift kitchens, stirring pots that hold both nourishment and memory. On the surface, rehabilitation seems structured, organized, almost reassuring.

Yet healing here is quiet and incomplete. 5-year-old Sam eats but does not play. Amutha, a 35-year-old mother, feeds others but skips hers. Abdul, 25, physically stable, struggles to focus, his mind clouded by unspoken fatigue. Evidence shows that even when food is available, poor diet quality and food insecurity remain strongly linked to depression and anxiety in displaced populations. **Survival and recovery are not the same.**

Within this fragile setting, nutrition is present but inadequate, insufficient for recovery. Calories are counted, but nutrients are compromised. Iron deficiency hides behind persistent tiredness. Deficiencies in vitamin B12 and folate impair cognition. Lack of omega-3 fatty acids weakens emotional regulation. **Research consistently shows that micronutrient deficiencies impair mood, cognition, emotional regulation, and fatigue, deepening psychological distress.** The body adapts to scarcity, but the brain begins to falter. **What appears as apathy or behavioural difficulty may be silent physiology speaking.**

For children, the impact goes deeper. These are years meant for growth and neural expansion. Instead, nutritional gaps intersect with trauma, shaping attention, memory, and emotional resilience. Studies show that malnutrition during critical developmental periods impairs learning and cognitive function. A classroom tent may exist, a teacher may be present, but a **malnourished mind struggles to engage, trust, and learn.**

Women bear an even greater burden. Pregnant and lactating mothers face their own nutritional deficits while nurturing new life. Food insecurity predicts higher levels of maternal depression, with poor diet quality contributing significantly. **Maternal malnutrition affects birth outcomes, infant development, and long-term cognitive and emotional health.** Supporting maternal nutrition becomes an act of protecting the future.

Nutrition here is not only biochemical. It is **deeply cultural and human.** Meals are remembered as much as they are consumed. The absence of familiar foods, traditional cooking, and shared dining quietly erodes identity. Loss of food culture and autonomy further compounds distress. A culturally familiar meal restores more than satiety. It brings belonging.

Step back further, and **the journey of displacement emerges. Long days of uncertainty, nights without food, and silent sacrifice.** Mothers eat less so their children can eat more. Families survive on irregular scraps. Global data show high risks of malnutrition, low dietary diversity, and micronutrient deficiencies during displacement. Hunger was unpredictable and relentless. **The body endured, but the cost appears later as weakened immunity, impaired cognition, and reduced capacity to process trauma.**

At the farthest edge lies **the rupture of war. Homes abandoned, routines broken, lives divided into before and after.** Refugees experience higher rates of depression, anxiety, and post-traumatic stress, shaped by conflict and its aftermath. This is not just displacement of people, but of biological stability and emotional grounding.

Rehabilitation is not a phase after a crisis. It is a continuum shaped by every missed meal, every compromised nutrient, and every moment of fear. To rebuild lives, we must look beyond visible recovery. Shelter and medical care are essential, but not enough. **Ignoring nutrition in rehabilitation is not a limitation of resources. It is a limitation of perspective.**

Nutrition must be recognised as central to mental health rehabilitation, guided by science and shaped by culture.

-Dr Sripriya Shaji Ph.D
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