A stressor is any event or situation that requires a nonroutine change in adaptation or behavior. Often it is unfamiliar or creates conflict among motives within the individual. It may pose a challenge or a threat to the individual’s well-being or self-esteem.

A physical stressor is one that has a direct effect on the body. This may be an external environmental condition (heat, cold, noise) or the internal physical/physiologic demands of the human body. The body can acclimatize to some degree to some physical stressors.

A mental stressor is one in which only information reaches the brain with no direct physical impact on the body. This information may place demands on either the cognitive systems (thought processes) or the emotional system (feeling responses, such as anger or fear) in the brain. Appropriate exposure to mental or emotional stressors can increase tolerance to them. Physical stressors can also be mental stressors if they are perceived as dangerous threats.

Combat stressors are any stressors occurring during the course of combat-related duties, whether due to enemy action or from the soldier’s own unit, leaders, and mission demands, or the soldier’s home life.

Stress is the mobilization of the body and mind to counteract stressors. It involves the physiological reflexes that ready the body for fight or flight. It also involves mental reactions. Effects include decreased blood flow to skin, muscles, and heart; increased sweating; adrenaline release for energy and alertness; muscle tension; and interference with sleep.

Positive stress (Eustress) is that degree of stress that helps sustain and improve tolerance to physical and emotional stressors without overdoing the experience. Eustress can help the individual to function better, stay alive, and cope. The purpose of stress in nature is to keep individuals in that range of physiological, emotional, and cognitive mobilization that best enables them to survive and reproduce. In military operations, however, the soldier must accomplish the military mission, whether that contributes to individual survival or not.

Relationship of stress to task performance. There is an optimal range of stress for any given task. If there is too little stress, the job may be done haphazardly or not at all, because the individual is easily distracted, makes errors of omission, or falls asleep. If stress is too intense, the individual may be too distractible or too focused on one aspect of the task and may have difficulty knowing when and how to act. Extreme stress may also impair coordination and concentration. With extreme stress, the individual may freeze (become immobilized by fear). Alternately, he or she may become agitated and flee in disoriented panic. If stress persists too long, it can cause physical and mental illnesses. Extreme stress with hopelessness can even result in rapid death.

Physical fatigue means weariness and/or decreased performance capability due to hard or prolonged work or effort, muscle tiredness, aerobic fatigue, and sleep deprivation. Physical illness can also bring on fatigue. Intense emotions also produce physical fatigue. This is especially true of anxiety and fear, because they arouse the fight or flight reflexes of the physical stress process.
Mental fatigue is impaired performance due to continued mental effort on a specific task, whether it is a task requiring much thinking or constant attention. A brief break often relieves mental fatigue and improves performance. Emotions, such as boredom or uncertainty, also produce mental fatigue.

Misconduct stress behaviors are unacceptable and even criminal ways to discharge or escape stress. Examples include substance abuse, brutal violence, recklessness, desertion, malingering, and fraternization.

Battle fatigue/combat stress reaction is produced by both physical and mental tasks. Unit leaders and medical and mental health personnel should assume that both physical and mental stressors are usually present in all unit personnel. Guidelines for controlling physical and mental stressors should be found in the unit’s tactical standing operating procedure (TSOP). (See Field Manual (FM) 22-51.)

Treatment of battle fatigue/combat stress reaction consists of –

- Reassurance.
- Rest and sleep.
- Food and fluids.
- Hygiene (washing up with warm or cool water as needed; putting on a clean uniform).
- A chance to talk about what happened.
- Restoring the soldier’s identity and confidence with useful work.

Treatment should be administered as quickly, simply, and as close to the soldier’s unit as possible.

- Building self-confidence. Armies have known for centuries about the positive effects of stress in preparing soldiers for combat. The modern drill sergeant must require the trainees to meet and master difficult (stressful) standards. The result will be a soldier with a well-earned sense of confidence in self, comrades, and leaders that can be applied to future demands.

- Mastering fear builds self-confidence and a sense of special identity.

Teaching stress control. Training gives soldiers confidence in and awareness of how stress works in themselves and others. Soldiers learn stress control, not stress reduction. Often the team and its individual members must play different mental and physical stressors against each other to sustain alertness and endurance.

- Stages of adaptation to a threatening situation.

- Alarm-performance is likely to be impaired, unless the soldiers’ responses are simple and instinctive (like running or freezing) or well-drilled.
- Resistance is achieved if the subject successfully copes with the threat.
- Exhaustion may occur if the victim of stress is unable to escape, overcome, or tolerate a severe stressor.

- Overstrain and preventive measures. Being overwhelmed by emotional or mental stress may temporarily or permanently impair performance. More severe overstrain may permanently weaken tolerance to future mental stress. Immediate preventive measures or treatment can greatly reduce the potential for chronic disability, even in cases of extreme emotional overstrain.

- Sleep deprivation. The sleep-deprived person has trouble keeping his or her mind focused, although he or she has no decrease in muscular or aerobic work capacity. People with sleep-loss fatigue usually appear tired and slowed down, or they may also be speeded up, hyperactive, and irritable. They usually take longer to accomplish tasks, and may omit steps, miss signals, fall asleep, or hallucinate.

References
2. FM 8-10, Health Service Support in a Theater of Operations, chapter 12: Combat Stress Control Services.