



Psychological Trauma Caused by War

Ladan Kashani¹ and Shahin Akhondzadeh^{2*}

1. Infertility Ward, Arash Hospital, Tehran University of Medical Science, Tehran, Iran

2. Psychiatric Research Center, Roozbeh Hospital, Tehran University of Medical Science, Tehran, Iran

Psychological trauma resulting from war is not a new phenomenon; it is deeply rooted in human history. During World War II, many soldiers experienced what was then called “war fatigue” with symptoms such as severe trembling, dizziness, and hypersensitivity to sounds and other stimuli symptoms we now recognize as early forms of war-related mental disorders. These signs were the result of prolonged stress and the extreme pressures of combat. After the Vietnam War, the incidence of Post-Traumatic Stress Disorder (PTSD) among American soldiers rose dramatically, with about 18.7% of veterans experiencing the disorder at some point in their lives. This experience showed that war trauma does not only lead to depression and anxiety; it can also contribute to personality disorders, suicide, and alcohol abuse (1,2). A similar pattern has been observed in more recent conflicts, such as the wars in Iraq and Afghanistan. Studies show that soldiers repeatedly exposed to intense combat are about twice as likely to develop PTSD. This history underscores that the psychological consequences of war are not limited to the period of active conflict and can persist for years, even affecting subsequent generations. Chronic stress, fear, hopelessness, insecurity, and anxiety about the future become part of daily life for people living in war zones. The serious challenges and psychological pressures of crises and traumatic events pose a major threat to the mental health of entire communities (3). Today, as Iran faces brutal and criminal attacks from a hostile American–Zionist enemy, and turbulent days unfold especially in cities like Tehran protecting mental health, alongside essential measures to preserve life, is critically important for our fellow citizens.

The importance of mental health protocols in crises

In crisis situations, attention to health and mental-health care protocols with the aim of strengthening community resilience and reducing negative consequences should be a priority for families, especially parents. With full awareness, they should follow appropriate guidelines for children, adolescents, and particularly the elderly, in order to lessen the harmful psychological effects of war on their loved ones. War, with all its political and social dimensions, leaves deep marks on the human psyche and is a major cause of psychological and

*** Corresponding author**

Shahin Akhondzadeh, PhD

Psychiatric Research Center, Roozbeh Hospital, Tehran University of Medical Science, Tehran, Iran

Email: s.akhond@tums.ac.ir

Received: 1 Jun 2026

Accepted: 1 Jun 2026

Citation to this article

Kashani L, Akhondzadeh Sh. Psychological Trauma Caused by War. *J Iran Med Counc.* 2025;9(3):547-49.

neurological disorders. Faced with threats to life, the loss of loved ones, and social instability, people may experience anxiety, depression, and PTSD. War harms not only the body, it also has a profound and lasting impact on mental health. Research on the psychological consequences of war shows that it can disrupt brain and mind functioning for many years (1).

The impact of war on mental health from a neurological perspective

During war, the sympathetic nervous system becomes hyperactive, leading to increased secretion of cortisol and adrenaline. While these reactions are beneficial for short-term survival, chronic activation such as that caused by prolonged exposure to war can damage key brain regions, including the hippocampus and amygdala. This can result in (4-6):

- Reduced levels of serotonin and dopamine
- Increased stress hormones such as cortisol and adrenaline
- Disrupted sleep, memory, and cognitive function

These changes help explain why many individuals continue to suffer from psychological symptoms long after the conflict has ended.

The impact of war on children

The impact of war on children is profound and multifaceted. Exposure to violence, instability, and forced displacement can severely disrupt their cognitive, emotional, and social development. Epidemiological research shows that children in war zones are about three times more likely to suffer from PTSD, anxiety, and depression than their peers in peaceful environments. Common symptoms include hypersensitivity, recurrent nightmares, difficulty concentrating and learning, and impaired social skills. These psychological effects can persist into adulthood, undermining academic performance, social relationships, and long-term mental health. Without timely support and intervention, the scars of war can shape the entire course of a child's life (7).

The impact of war on women

Women in war situations are particularly vulnerable and disproportionately affected by PTSD, depression, and anxiety. Aggravating factors include sexual violence, forced displacement, heavy family responsibilities,

and limited access to psychosocial support. Studies indicate that women in war zones may experience up to a 16 percent increase in mental disability. These disorders affect not only the health of individual women but also have far-reaching family and social consequences, influencing children's mental health, the stability of families, and the quality of interpersonal relationships (1).

PTSD and treatment approaches

One of the most significant mental health consequences of war is the development of PTSD. Symptoms include recurrent nightmares, intrusive memories or flashbacks, persistent anxiety, and exaggerated reactions to everyday stimuli. PTSD can severely disrupt daily functioning and quality of life. Effective treatment often involves a combination of psychotherapy, medication, and, in some cases, neuromodulation techniques such as transcranial magnetic stimulation. Cognitive-Behavioral Therapy (CBT) is one of the most effective psychotherapeutic approaches for PTSD. In CBT, individuals learn to identify, challenge, and reconstruct negative thoughts and beliefs related to their war experiences, gradually reducing the intensity of their symptoms (2).

War is not only associated with PTSD; it also increases the risk of major depressive disorder and generalized anxiety disorder. Comprehensive treatment plans therefore often address multiple conditions simultaneously.

Conclusion

War has deep and lasting effects on the human psyche. Anxiety, depression, PTSD, and other mental disorders may persist for years after the fighting stops. However, by understanding the neurological effects of war, strengthening family and community support systems, and using both pharmacological and non-pharmacological treatments, it is possible to prevent psychological collapse and promote recovery. Protecting mental health in times of war is not a luxury it is an essential part of safeguarding life, dignity, and the future of society.

References

1. Tannous-Haddad L, Barel E, Tzischinsky O. War-related mental health and resilience: Understanding potential ethnical pathways. *Psychiatry Res* 2026 Jun;360:117062. doi: 10.1016/j.psychres.2026.117062. Epub 2026 Mar 2.
2. Amanzai H, Wang BQ, Catallo C, Guruge S, Sidani S, Sethi B, et al. Exploring Afghan Refugees' Post-Resettlement Experiences in North America: A Scoping Review. *Can J Nurs Res* 2026;58(2):258-275.
3. Lesnewich LM, Winograd DM, Lu SE, Quigley KS, Pigeon WR, Litke DR, et al. Illness perceptions and behavioural responses as mechanisms of change in problem-solving treatment for Veterans with Gulf War Illness. *Br J Health Psychol* 2026;31(2):e70062.
4. Abbasi SH, Behpournia H, Ghoreshi A, Salehi B, Raznahan M, Rezazadeh SA, et al The effect of mirtazapine add on therapy to risperidone in the treatment of schizophrenia: a double-blind randomized placebo-controlled trial. *Schizophr Res* 2010;116(2-3):101-6.
5. Akhondzadeh S, Milajerdi MR, Amini H, Tehrani-Doost M. Allopurinol as an adjunct to lithium and haloperidol for treatment of patients with acute mania: a double-blind, randomized, placebo-controlled trial. *Bipolar Disord* 2006;8(5 Pt 1):485-9
6. Ghaleiha A, Ghyasvand M, Mohammadi MR, Farokhnia M, Yadegari N, Tabrizi M, et al. Galantamine efficacy and tolerability as an augmentative therapy in autistic children: A randomized, double-blind, placebo-controlled trial. *J Psychopharmacol* 2014;28(7):677-85.
7. Amiri S, Mohammadi MR, Mohammadi M, Nouroozinejad GH, Kahbazi M, Akhondzadeh S. Modafinil as a treatment for Attention-Deficit/Hyperactivity Disorder in children and adolescents: a double blind, randomized clinical trial. *Prog Neuropsychopharmacol Biol Psychiatry* 2008;32(1):145-9.
8. Jafari P, Ghanizadeh A, Akhondzadeh S, Mohammadi MR. Health-related quality of life of Iranian children with attention deficit/hyperactivity disorder. *Qual Life Res* 2011; (1):31-6.