
Psychiatry and global conflict: a review of war-related psychological impacts, ethical dilemmas, and future directions

Psiquiatria e conflito global: uma revisão dos impactos psicológicos relacionados à guerra, dilemas éticos e direções futuras

Psiquiatria y conflicto global: una revisión de los impactos psicológicos relacionados con la guerra, dilemas éticos y direcciones futuras

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Chief Editor responsible for the article: Marsal Sanches

Authors contributions according to the [Taxonomia CRediT](#):

Eskandar K [1-14]

Disclosure of potential conflicts of interest: none

Funding: none

Approval Research Ethics Committee (REC): not applicable

Received on: 2025/06/11

Accepted on: 2025/06/20

Published on: 2025/06/29

How to cite: Eskandar K. Psychiatry and global conflict: a review of war-related psychological impacts, ethical dilemmas, and future directions. *Debates Psiquiatr.* 2025;15:1-26. <https://doi.org/10.25118/2763-9037.2025.v15.1473>

ABSTRACT

The intricate relationship between psychiatry and global conflict remains an underexplored yet critical area of study, particularly in the context of a potential Third World War. This literature review delves into the psychological roots of conflict, examining how individual and collective psychopathologies contribute to war dynamics and escalation. It highlights the ethical dilemmas faced by mental health professionals in balancing

clinical responsibilities with geopolitical influences, including the use of psychiatric knowledge in psychological warfare. The review also explores the mental health implications of prolonged global tensions and technological advancements, such as the rise of cyber-warfare and its psychological impact on populations. Emphasizing the role of psychiatry in fostering peace, this work proposes innovative strategies for leveraging mental health interventions to mitigate conflict and promote resilience in societies facing existential threats. The findings underscore the potential of psychiatry to play a transformative role in preventing and managing the psychological dimensions of future global conflicts.

Keywords: psychiatry and war, psychological warfare, global conflict dynamics, mental health in war, third world war psychology

RESUMO

A intrincada relação entre psiquiatria e conflitos globais continua sendo uma área de estudo pouco explorada, porém crítica, particularmente no contexto de uma potencial Terceira Guerra Mundial. Esta revisão bibliográfica investiga as raízes psicológicas dos conflitos, examinando como as psicopatologias individuais e coletivas contribuem para a dinâmica e a escalada da guerra. Destaca os dilemas éticos enfrentados por profissionais de saúde mental ao equilibrar responsabilidades clínicas com influências geopolíticas, incluindo o uso do conhecimento psiquiátrico na guerra psicológica. A revisão também explora as implicações para a saúde mental de tensões globais prolongadas e avanços tecnológicos, como o aumento da guerra cibernética e seu impacto psicológico nas populações. Enfatizando o papel da psiquiatria na promoção da paz, este trabalho propõe estratégias inovadoras para alavancar intervenções de saúde mental a fim de mitigar conflitos e promover a resiliência em sociedades que enfrentam ameaças existenciais. Os resultados ressaltam o potencial da psiquiatria para desempenhar um papel transformador na prevenção e no gerenciamento das dimensões psicológicas de futuros conflitos globais.

Palavras-chave: psiquiatria e guerra, guerra psicológica, dinâmica de conflito global, saúde mental na guerra, psicologia e terceira guerra mundial

RESUMEN

La intrincada relación entre la psiquiatría y los conflictos globales sigue siendo un área de estudio poco explorada, pero crucial, en particular en el contexto de una posible Tercera Guerra Mundial. Esta revisión bibliográfica

profundiza en las raíces psicológicas de los conflictos, examinando cómo las psicopatologías individuales y colectivas contribuyen a la dinámica y la escalada bélica. Destaca los dilemas éticos que enfrentan los profesionales de la salud mental al equilibrar sus responsabilidades clínicas con las influencias geopolíticas, incluyendo el uso del conocimiento psiquiátrico en la guerra psicológica. La revisión también explora las implicaciones para la salud mental de las tensiones globales prolongadas y los avances tecnológicos, como el auge de la ciberguerra y su impacto psicológico en las poblaciones. Enfatizando el rol de la psiquiatría en el fomento de la paz, este trabajo propone estrategias innovadoras para impulsar las intervenciones de salud mental con el fin de mitigar los conflictos y promover la resiliencia en sociedades que enfrentan amenazas existenciales. Los hallazgos subrayan el potencial de la psiquiatría para desempeñar un papel transformador en la prevención y el manejo de las dimensiones psicológicas de futuros conflictos globales.

Palabras clave: psiquiatría y guerra, guerra psicológica, dinámica de los conflictos globales, salud mental en la guerra, psicología y tercera guerra mundial

Introduction

The relationship between mental health practices, including early forms of psychological care, and warfare has evolved over centuries. While psychiatry as a formal discipline emerged in the late 19th and early 20th centuries, earlier forms of psychological and medical practices were developed to address the psychological toll of warfare. Historical analyses highlight the ways psychiatric practices were developed, adapted, and applied during times of war, reflecting broader societal and military needs.

In the early 20th century, World Wars I and II demonstrated the profound psychological toll of large-scale conflict. Conditions like “war neurosis” in WWI, later recognized as a form of post-traumatic stress disorder ([PTSD](#)), became widely studied. Soldiers often exhibited symptoms such as tremors, nightmares, and emotional numbness, which were initially misunderstood or stigmatized. Military psychiatrists pioneered treatments that ranged from hypnosis and talk therapy to harsh interventions, including electrotherapy and military discipline, reflecting the era's medical and ethical standards [[1](#) – [2](#)].

The psychological dimensions of warfare extend beyond combatants. Civilians in war zones frequently experience anxiety, depression, and trauma due to prolonged exposure to violence, displacement, and uncertainty. Recent studies, such as those analyzing mental health impacts of the Ukraine conflict, underscore the diverse psychological burdens on different demographics, including children and elderly populations. These studies illustrate how the consequences of war ripple through generations, manifesting as intergenerational trauma and societal shifts in mental health paradigms [3 – 4].

Further, psychiatry has not only responded to war but has also influenced it. Psychological operations (psyops) emerged as strategic tools, utilizing principles of psychology to manipulate enemy morale or bolster civilian resilience. This duality of psychiatry, healing trauma while sometimes aiding military strategies, reflects its complex role in global conflicts [5].

The integration of psychiatry into military contexts has led to advancements in understanding human resilience and the treatment of war-induced mental health disorders. However, it has also raised ethical questions about the use of psychiatric knowledge for coercive or propagandistic purposes. These intersections continue to evolve, offering critical insights into the reciprocal relationship between mental health practices and global conflicts.

Methods

This literature review adopts a scoping/narrative review approach to explore the role of psychiatry and psychological sciences in shaping global conflicts and their implications for a potential Third World War. This approach allows for a broad synthesis of existing literature without the rigid constraints of a systematic review framework. The methodology comprises the following steps:

1. Research question and objectives

The primary objective of this review is to map the literature on psychiatry's involvement in global conflicts, identifying key psychological, ethical, and strategic dimensions. The guiding questions include:

- How have psychiatric principles been applied in historical and modern conflict settings?
- What are the psychological impacts of global tensions on individual and collective mental health?

- What ethical challenges arise when psychiatric knowledge is employed in warfare?

2. Data sources

A broad literature search was conducted across multiple academic databases, including [PubMed](#), [PsycINFO](#), [Scopus](#), [JSTOR](#), and [Web of Science](#). Additional sources were identified through manual searches of references in relevant articles and gray literature, including reports from international organizations such as the [WHO](#).

3. Search strategy

The search strategy utilized a combination of keywords and Boolean operators tailored to the research scope. Example search terms included:

- "Psychiatry AND global conflict"
- "Mental health AND war"
- "Psychological warfare"
- "Ethics AND psychiatry in military settings"
- "Global tensions AND mental health"

Search filters were applied to prioritize peer-reviewed articles published between 2005 and 2024 to ensure contemporary relevance, while key historical studies predating this range were selectively included.

4. Inclusion and exclusion criteria

Inclusion Criteria:

- Studies examining the intersection of psychiatry and warfare.
- Articles addressing psychological dimensions of global tensions.
- Literature discussing ethical considerations in psychiatric practices related to conflict.

Exclusion Criteria:

- Non-English publications (due to resource constraints).
- Articles with limited relevance to the research objectives (e.g., focused on unrelated mental health conditions).

5. Data extraction and thematic synthesis

The review process involved thematic synthesis rather than a quantitative analysis. Articles were screened through title and abstract review, followed by full-text assessment. The extracted data included study objectives,

methodologies, key findings, and relevance to the themes of this review. Findings were categorized into thematic sections, including:

- Psychological roots of conflict
- Mental health implications
- Ethical dilemmas
- Future directions

6. *Quality considerations*

To enhance the credibility of this review, studies were assessed based on their methodological rigor, relevance to the research questions, and contribution to the broader discourse on psychiatry and global conflict. A scoping review checklist ([PRISMA-ScR](#)) was considered for guiding the review structure.

Psychological roots of conflict

The psychological roots of conflict are complex and influenced by a range of factors, including individual psychopathologies, collective psychological dynamics, and the role of leadership. While certain individual psychopathologies such as narcissism, paranoia, and psychopathy have been associated with conflict escalation, their specific impact varies depending on sociopolitical contexts. Leaders exhibiting narcissistic tendencies may prioritize personal ambition and recognition over diplomatic solutions, while paranoid tendencies may contribute to misinterpreting rival intentions, potentially increasing tensions [6]. However, these traits alone do not determine conflict outcomes; broader geopolitical and historical factors also play a role.

At the collective level, shared psychological phenomena such as groupthink, mass hysteria, and susceptibility to propaganda can contribute to conflict escalation. Propaganda, for example, is often designed to leverage cognitive biases and emotional manipulation to consolidate group identity and frame adversaries in dehumanizing ways. This psychological distance can make aggression appear justified within certain political and cultural narratives [7]. However, the extent to which propaganda affects populations depends on existing societal structures, media literacy, and historical grievances.

Leadership psychology is another critical component in conflict dynamics. Leaders influence not only strategic decisions but also the emotional climate of their followers. Charismatic leaders can either heighten or

alleviate tensions depending on their psychological predispositions and policy goals [8]. For instance, transformational leadership, which emphasizes empathy and ethical values, has been linked to more constructive conflict resolution efforts. Conversely, leaders who appeal to unresolved collective trauma may foster aggression and distrust, further entrenching hostilities [9].

Mass behavior during crises, such as collective panic or the tendency to rally around national symbols, highlights the psychological dimensions of conflict. Historical examples suggest that fear and uncertainty, when amplified by political rhetoric and media influence, can lead to widespread public support for conflict as a defensive necessity. However, such reactions are not universal and vary based on cultural, political, and economic conditions [10]. Addressing these psychological roots requires nuanced, context-specific approaches rather than generalized conclusions about human behavior in conflicts.

Mental health implications of prolonged global tensions

Prolonged global tensions, including the looming threat of large-scale conflict, pose substantial mental health challenges to individuals and societies. The uncertainty surrounding potential war can lead to chronic stress and heightened anxiety, particularly when exacerbated by the continuous stream of alarming news and geopolitical instability. However, the impact of these tensions is mediated by factors such as socioeconomic status, personal resilience, and access to mental health resources [11].

One widely documented psychological effect is the rise in anxiety and depression among affected populations. Research indicates that sustained exposure to threats of conflict contributes to a state of hypervigilance, which manifests in symptoms such as insomnia, irritability, and difficulty concentrating [12 – 13]. This "anticipatory anxiety" results from the brain's prolonged activation of stress-response systems, which are adaptive for short-term crises but detrimental when engaged over extended periods. However, the severity of these effects varies depending on cultural coping mechanisms and national mental health infrastructure.

Individuals with pre-existing psychiatric disorders, particularly PTSD, are disproportionately affected by prolonged global tensions. Studies have shown that rates of PTSD tend to increase among populations exposed to continuous stressors, such as those living in active conflict zones or experiencing crises like pandemics. These individuals may exhibit

heightened emotional dysregulation, recurring flashbacks, and a pervasive fear for personal safety [14]. While existing research highlights these trends, further empirical studies are needed to quantify their prevalence across different regions and demographics.

Veterans returning from combat zones often represent a population at elevated risk of developing chronic PTSD symptoms during times of renewed international tension. Research suggests that for many of these individuals, even the threat of new conflict can act as a re-traumatizing stimulus, triggering physiological stress responses and flashbacks to prior combat experiences. This phenomenon has been observed in both Western and non-Western veteran populations, and underscores the necessity of long-term psychiatric follow-up care and community reintegration programs [15].

Similarly, refugees and internally displaced persons (IDPs) are especially vulnerable due to compounded experiences of trauma, social dislocation, and disrupted support systems. Prolonged geopolitical instability can exacerbate their existing mental health challenges and hinder recovery. A growing body of research has documented increased rates of depression, PTSD, and psychosomatic disorders in refugee populations during both active and anticipated conflicts, emphasizing the need for trauma-informed care and culturally adapted mental health services [16].

At a societal level, prolonged geopolitical instability can lead to polarization and fragmentation. Fear and uncertainty may cause individuals to retreat into ideologically homogenous groups, fostering heightened mistrust and paranoia. This fragmentation can weaken community support systems, which are essential for mitigating mental health impacts during crises [17]. However, the degree to which societal fragmentation occurs depends on national policies, media narratives, and historical social cohesion.

Children and adolescents are particularly vulnerable to the psychological burden of prolonged conflict threats. Studies suggest that sustained exposure to conflict-related news and parental stress increases rates of anxiety, depression, and behavioral issues in young populations [13]. The developmental stage of this demographic makes them especially susceptible to stress, given their limited coping mechanisms. Cultural and familial resilience factors may, however, moderate these effects to some extent.

Moreover, the lack of pre-war mental health infrastructure in many countries significantly impairs early identification and treatment of stress-related disorders. In low-resource settings, the absence of preventative care systems, school-based mental health programs, and trauma-response units can result in untreated psychological distress escalating into widespread public health crises. Strengthening mental health preparedness in anticipation of geopolitical instability, much like disaster preparedness, is increasingly seen as a critical component of national security planning [18].

Resilience-building strategies play a crucial role in mitigating these psychological impacts. Psychological resilience, the ability to adapt positively in the face of adversity, has been identified as a protective factor against the long-term mental health consequences of geopolitical tensions. Community-based mental health initiatives, psychoeducation programs, and accessible crisis counseling have shown promise in helping individuals manage stress [15]. Additionally, fostering social cohesion through transparent communication and trust-building initiatives can alleviate feelings of isolation and mistrust, contributing to better collective mental health outcomes [17, 19]. However, the effectiveness of these interventions varies by region and requires further research to determine best practices in different sociopolitical contexts.

Psychiatric manipulation and warfare

The use of psychiatric and psychological principles in warfare, particularly through psychological operations (psyops), is a controversial and ethically sensitive topic. While such operations represent attempts to influence cognition and behavior in conflict settings, their theoretical association with psychiatry must be approached with caution to avoid perpetuating stigma against mental health professionals. Psychiatric manipulation in warfare, often executed through psychological operations (psyops), represents a strategic attempt to influence the thoughts and behaviors of individuals and groups in conflict settings. These operations employ a variety of techniques, including propaganda dissemination, targeted misinformation, and the psychological exploitation of enemy vulnerabilities [20]. Historically, psyops have played significant roles in conflicts, both through traditional methods such as leaflets and broadcasts and through modern technologies like social media and artificial intelligence. However, the effectiveness and ethical implications of these strategies vary based on geopolitical, cultural, and technological contexts [21].

One documented example is the use of propaganda campaigns to erode the morale of opposing forces or to galvanize support among civilians. During World War I and II, propaganda through newspapers, radio, and posters sought to instill fear or inspire action among target audiences [Figure 1]. In more recent conflicts, social media platforms have been utilized to spread misinformation and influence public sentiment rapidly. Cyber operations now amplify the reach of psyops, allowing messages to be tailored to specific demographics using data analytics and AI technologies [22]. However, the long-term psychological impact of such tactics on civilian populations remains an area requiring further empirical study.

The ethical implications of psychiatric manipulation in warfare cannot be overlooked. Techniques such as fear exploitation, false flag operations, and misleading information campaigns raise concerns about moral standards and international laws. For instance, the intentional dissemination of fabricated narratives to manipulate public opinion raises questions about the balance between strategic objectives and humanitarian principles [23]. Ethical considerations also extend to the psychological consequences for individuals exposed to such manipulations, as they may experience heightened anxiety, mistrust, or long-term psychological harm [24].

Although psychological principles have informed propaganda and information warfare, the notion of psychiatry being systematically weaponized lacks robust empirical grounding. There is limited direct evidence supporting the routine involvement of psychiatric expertise in the planning or execution of psyops. Importantly, major professional organizations such as the American Psychiatric Association (APA) have strongly condemned any misuse of psychiatric knowledge for coercive or manipulative purposes [25]. Ethical guidelines prohibit participation in activities that compromise patient autonomy or contribute to psychological harm, including forms of interrogation or manipulation that conflict with psychiatric ethical standards.

Framing psychiatry as a tool of warfare risks reinforcing outdated or stigmatizing narratives about the discipline, which can undermine public trust in mental health professionals. It is therefore essential to distinguish between broader psychological warfare strategies and the clinical aims of psychiatry, which are rooted in healing, advocacy, and ethical responsibility. The intersection of technology and psyops necessitates

continuous oversight to mitigate potential abuses and unintended psychological consequences [[Figure 1](#)].

Ethical dilemmas in psychiatric interventions

The ethical dilemmas faced by psychiatrists in military and intelligence contexts reflect a profound tension between professional principles and national security imperatives. One of the most controversial issues has been the involvement of mental health professionals in interrogations, particularly in facilities like Guantanamo Bay [[26](#)]. Behavioral Science Consultant Teams ([BSCTs](#)), which include psychologists and psychiatrists, have been implicated in shaping interrogation tactics that some argue blur the lines between interrogation and torture. Techniques derived from the Survival, Evasion, Resistance, and Escape ([SERE](#)) program, initially designed to protect soldiers, were repurposed for detainee interrogation, raising questions about their compliance with international human rights standards [[27](#)].

Psychiatrists involved in managing combat stress often face the dual responsibilities of ensuring the mental well-being of soldiers while maintaining their operational readiness. The [Hippocratic Oath](#) emphasizes prioritizing patient welfare, yet military psychiatrists may experience conflicts when required to certify soldiers as fit for duty despite potential long-term psychological harm [[28](#)]. Balancing these responsibilities becomes even more challenging in high-stakes scenarios where decisions may impact both individual lives and broader operational outcomes [[29](#)]. Further empirical research is needed to assess the long-term impact of such ethical conflicts on both psychiatrists and their patients.

The use of psychiatry in propaganda and psychological operations also raises ethical issues. For instance, leveraging psychological insights to influence enemy populations or manage public perceptions during conflict can veer into manipulation, eroding trust in psychiatric practice. Professionals are often caught between the ethical mandates of beneficence and nonmaleficence versus the strategic goals of their employing organizations [[30](#)]. These ethical considerations require ongoing discourse within the psychiatric and military communities to establish clearer guidelines and accountability mechanisms.

In recent years, the American Psychiatric Association ([APA](#)) and other professional organizations have sought to clarify these ethical boundaries. Position statements and guidelines emphasize the imperative to avoid

participation in torture, coercion, or any practice that undermines human dignity. However, ambiguities remain, particularly regarding what constitutes ethical participation in national security efforts versus complicity in unethical actions [31]. Ongoing research and policy discussions will be critical in refining ethical frameworks that balance security imperatives with psychiatric ethical standards.

Globalization, technology, and mental health in warfare

Globalization and technological advancements have significantly reshaped the psychological dimensions of warfare, particularly through social media and digital platforms. Social media serves as a double-edged sword in the context of global conflicts, facilitating the rapid dissemination of information while also enabling the spread of anxiety-inducing misinformation [32]. During modern conflicts such as the Russia-Ukraine war, platforms like Twitter and Facebook have been leveraged to share real-time updates, mobilize support, and propagate narratives. For instance, Ukrainian President Zelenskyy effectively used social media to garner global solidarity. However, these platforms are also exploited for disinformation campaigns, leading to mass psychological impacts, such as heightened anxiety and mistrust among populations [33 – 34]. The psychological effects of such information warfare, particularly in non-Western contexts, require further cross-cultural studies.

Cyber warfare introduces an additional layer of psychological stress, as attacks targeting critical infrastructure and data systems can destabilize entire communities. Such assaults amplify feelings of vulnerability and insecurity, with populations perceiving threats not only on physical grounds but also in digital spaces [35]. Cyber-attacks have become a tool for psychological operations, aiming to weaken morale and create societal disarray. This form of warfare challenges traditional boundaries of conflict and underscores the psychological toll of living in an interconnected yet highly vulnerable digital era [36]. Future research should explore the long-term psychological resilience of societies exposed to sustained cyber threats.

Additionally, the proliferation of misinformation has been observed to exacerbate mental health issues such as anxiety and depression. Disinformation campaigns often rely on "active measures," manipulating narratives to instill confusion and undermine trust. This dynamic is further complicated by algorithms that amplify divisive content, making it difficult for individuals to distinguish credible information from fabrications [19].

The resulting cognitive dissonance and collective anxiety represent significant psychological burdens, especially in times of heightened global tension [34, 37]. Comparative studies across different cultural and political settings could provide deeper insight into the varying psychological effects of misinformation.

Technological advancements also play a pivotal role in shaping the battlefield of perception. Digital platforms are often weaponized to influence public opinion, shape narratives, and maintain a psychological edge over adversaries. These developments underline the critical need for enhanced media literacy and robust regulatory frameworks to mitigate the mental health impacts of digital misinformation and cyber aggression [38]. Understanding the psychological mechanisms that drive susceptibility to misinformation will be crucial in developing effective counterstrategies and mental health interventions.

Post-War psychological reconstruction

The psychological reconstruction of societies following wars involves addressing collective trauma and fostering resilience to help affected communities recover. This process has evolved significantly, integrating lessons from past conflicts, such as World War II and the Cold War, with modern mental health strategies.

Post-war societies often struggle with the long-term psychological effects of conflict, including widespread post-traumatic stress disorder (PTSD), depression, and other mental health challenges that hinder social cohesion and economic development. Transitional justice mechanisms, such as truth and reconciliation commissions, have been employed to facilitate healing by acknowledging past atrocities and fostering dialogue between conflicting groups. Examples include post-apartheid South Africa and post-genocide Rwanda, where such approaches have been central to rebuilding fractured societies [39]. However, the effectiveness of these interventions is dependent on sustained governmental and community support.

Historical lessons highlight the importance of a multidisciplinary approach to psychological reconstruction. After World War II, the [Marshall Plan](#) illustrated the role of economic stability in promoting psychological recovery, while community-based support programs provided direct assistance to traumatized populations [40]. Similarly, during the Cold War, psychological operations were used to reinforce ideological alignment, though they also demonstrated the potential for psychological

manipulation to deepen societal divisions [39, 41]. Future research should examine how economic and social interventions interact with psychological recovery in post-conflict settings.

Modern strategies integrate technological advancements to enhance post-war mental health recovery. Tools such as GIS mapping and drone technology facilitate damage assessments and reconstruction planning, while digital platforms expand access to mental health resources [42]. Additionally, collaborative efforts between nations and organizations support the development of culturally sensitive mental health interventions tailored to specific post-conflict environments [43]. More comparative studies are needed to assess the effectiveness of such interventions across different regions.

Rebuilding resilience remains a key goal of psychological reconstruction. Programs designed to promote community engagement, education, and intergenerational healing are essential in ensuring that future generations can navigate the lasting effects of conflict and contribute to sustainable peace. However, the long-term impact of such programs varies based on political stability, economic recovery, and the presence of continued mental health support structures [44].

Case studies and historical insights

The influence of psychiatry on war outcomes is a compelling area of study, with historical case studies offering insights into how psychological and psychiatric factors have shaped conflicts and their resolutions. Throughout history, conflicts have demonstrated how psychological operations and psychiatric insights influenced leadership decisions, public morale, and propaganda strategies.

For example, during World War II, psychologists played a pivotal role in developing propaganda campaigns aimed at undermining enemy morale and bolstering domestic support. Both the Allied and Axis powers employed psychological tactics to influence public perceptions and wartime behaviors, illustrating the strategic value of understanding human psychology in military contexts [45]. Propaganda campaigns, such as those coordinated by the British Ministry of Information or Nazi Germany's centralized media apparatus, sought to manipulate emotions such as fear, loyalty, and hope to achieve wartime objectives. While effective in the short term, the long-term psychological effects of such strategies remain an area for further study [46].

The Cold War era further exemplified the use of psychiatric knowledge to manage public anxiety over nuclear threats. Mental health professionals were involved in advising leaders on how to maintain public stability and prevent panic. For instance, during the [Cuban Missile Crisis](#), psychiatric insights may have informed public messaging strategies to avoid mass hysteria while maintaining trust in leadership [47]. More research is needed to determine the extent of psychiatric influence on crisis communication strategies.

In contemporary conflicts, the psychological dimensions of cyber warfare and terrorism continue to evolve. Misinformation campaigns and cyberattacks are frequently used to erode public trust, sow paranoia, and create social divisions. The psychological warfare tactics employed by groups such as [ISIS](#), which utilized sophisticated propaganda to recruit and terrorize populations, highlight the need for countermeasures informed by psychological research [48]. Mental health professionals have since contributed to the development of intervention frameworks aimed at preventing radicalization and mitigating its emotional toll on vulnerable individuals.

Detailed examinations of these historical and ongoing case studies illustrate how psychiatry continues to shape both military strategies and peace-building efforts. By studying the psychological mechanisms underlying war and post-war recovery, mental health professionals can contribute to more effective conflict resolution strategies and long-term societal resilience.

Discussion and future directions

The potential for psychiatry and related psychological disciplines to contribute to peacebuilding and conflict prevention represents an emerging area of conceptual interest. While the clinical value of psychiatric interventions in post-conflict recovery is supported by evidence, the idea that psychiatry can actively prevent the escalation of conflict or serve as a peacekeeping tool remains largely theoretical and underexplored in empirical literature. This section outlines several promising but still speculative areas where psychiatry might eventually play a role, highlighting the need for further research.

Mental health professionals are increasingly viewed as potential facilitators of peace due to their expertise in human behavior, trauma, and reconciliation processes. Interventions aimed at reducing intergroup

tensions, such as those that promote empathy and a shared sense of humanity, have been implemented in some contexts to counteract the psychological precursors of violence, including xenophobia and social polarization [49 – 50]. Programs addressing fear or hostility toward outsiders have shown promise in de-escalating conflict-prone sentiments, but their effectiveness is highly contingent on cultural, political, and historical variables [51].

Efforts to address authoritarianism as a psychological precursor to aggression have also gained theoretical support. Research has suggested that leaders with authoritarian tendencies may pursue more aggressive foreign policies, and that fostering critical thinking and democratic engagement from an early age may help mitigate these dynamics [21]. However, these approaches are still in their infancy, and rigorous, long-term studies are needed to evaluate their efficacy in different geopolitical environments.

Psychiatry may also contribute to informal diplomacy efforts, such as Track II dialogues, by addressing the psychological trauma that often fuels cycles of violence. These efforts have been applied in settings like the Arab-Israeli conflict, but again, their success varies widely depending on broader political and economic contexts [21, 50]. The [WHO's Global Health and Peace Initiative](#) exemplifies a structured effort to bridge mental health and peacebuilding strategies, aiming to equip communities with psychological tools for resilience and negotiation [52]. While such initiatives are promising, more region-specific research is needed to tailor frameworks to local realities.

Emerging technologies further expand the theoretical scope of psychiatric involvement in peacekeeping. Innovations such as virtual reality-based stress management training and AI-driven identification of psychological risk factors offer new tools for preventing escalation and improving resilience among diplomats and peacekeepers [20, 53]. These methods are not yet widely implemented or validated and raise important ethical concerns, particularly around data privacy and the use of psychological profiling [54].

Finally, aligning psychiatric perspectives with policy development could strengthen broader peacekeeping strategies. Addressing root psychological causes of conflict, such as collective fear, trauma, and identity-based polarization, may support more sustainable diplomacy [47, 55 – 56].

Nevertheless, implementation remains challenging due to the interdisciplinary nature of this work and the variability of sociopolitical contexts.

In summary, while these concepts offer compelling directions for future exploration, they remain largely speculative at this stage. The integration of psychiatry into preventive diplomacy and peacekeeping must be approached cautiously, with careful attention to ethical, cultural, and methodological considerations. Future empirical research, including longitudinal studies, intervention trials, and cross-cultural comparisons, is essential to substantiate the potential contributions of psychiatry to global peace efforts.

Limitations

While this review offers a comprehensive exploration of psychiatry's role in global conflicts, certain limitations should be acknowledged to contextualize its findings and guide future research:

- **Language considerations:** This review primarily includes English-language sources, which may limit the representation of non-Western perspectives. Future research incorporating multilingual sources would provide a more globally inclusive analysis.
- **Exploratory nature:** As a scoping/narrative review, this study synthesizes existing literature rather than conducting a systematic evaluation or meta-analysis. While this approach enables a broad conceptual analysis, further empirical studies are needed to quantify specific impacts.
- **Empirical data constraints:** The findings are based on thematic synthesis rather than statistical validation. However, this review serves as a crucial foundation for future empirical investigations into the intersection of psychiatry and conflict.
- **Selection bias considerations:** Although a wide range of sources was analyzed, the selection process was influenced by database availability and search constraints. Expanding database coverage in future reviews could enhance representativeness.
- **Interdisciplinary scope:** Given the complex and interdisciplinary nature of psychiatry and warfare, some areas were synthesized at a macro level. More granular studies focusing on specific conflicts or psychiatric interventions could provide additional depth.

Conclusion

Psychiatry plays a multifaceted role in understanding, preventing, and addressing the psychological dimensions of global conflicts. This review highlights the significant impact of psychiatric principles on both war and peace by examining the historical intersections of mental health and warfare, the psychological roots of conflict, and the mental health toll of prolonged global tensions. Psychiatry's involvement in ethical dilemmas, psychological warfare, and post-conflict recovery further underscores its relevance in shaping war outcomes and fostering resilience in societies.

Moreover, as globalization and technological advances reshape conflict dynamics, psychiatry is positioned to contribute innovative solutions, including integrating mental health strategies into diplomacy and leveraging neuroscience for peacekeeping. While these approaches present promising avenues, further empirical research is needed to validate their efficacy and address concerns related to cultural bias and ethical considerations.

These insights affirm the necessity of embedding psychiatric expertise within global frameworks to promote sustainable peace and mitigate the psychological drivers of war. Future research should focus on expanding cross-cultural studies, refining intervention methodologies, and ensuring that psychiatric contributions to peacekeeping efforts are both ethically sound and empirically supported.

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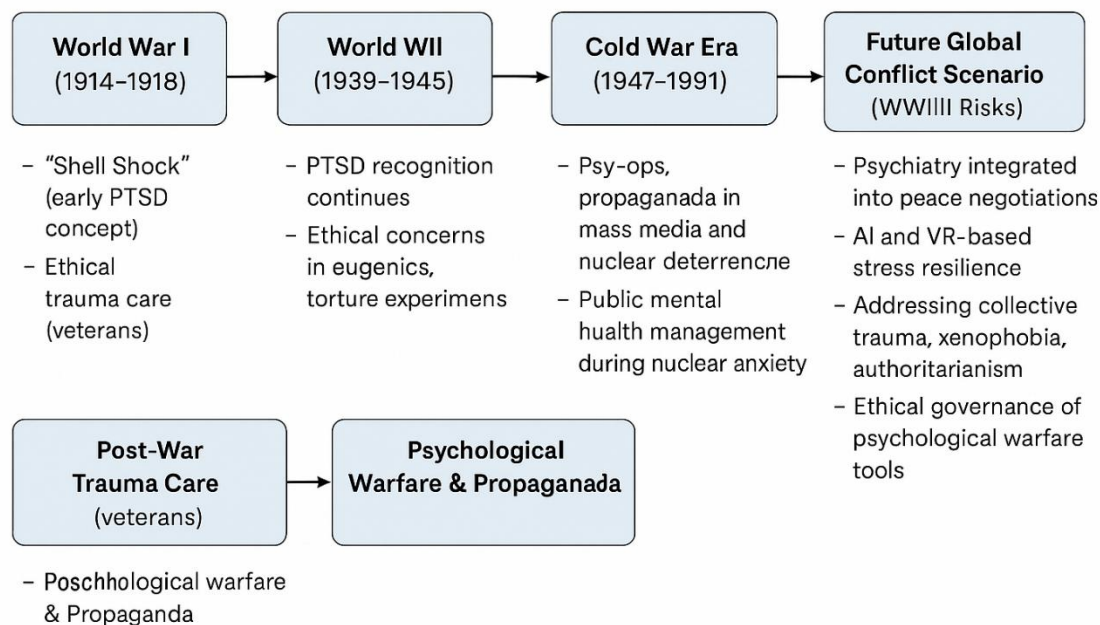


Figure 1. Psychiatry's Role in Global Conflict (WWI to Future Global Conflict)