

Psychological Impact of Present Middle East Crisis

The ongoing crisis in the Middle East—particularly the war involving United States and Iran the humanitarian catastrophe in Gaza Strip, and rising regional tensions involving Israel, Palestine, Lebanon, Iran, Iraq, Syria, Saudi Arabia, UAE and others - has had profound psychological effects both locally and globally. As tensions escalate across the Middle East in early 2026, including recent airstrikes and maritime conflict in the Persian Gulf, millions of Indians living in the region and their families back home are facing a significant psychological burden. Mental health experts are warning of a rise in ‘transnational anxiety’ - a state of persistent stress caused by worry over loved ones living in conflict zones¹.

The current tensions around Iran can trigger intense psychological distress for the Indian diaspora and their kin – the physical distance between families does not mitigate the emotional impact of conflict.

The psychological impact of war can be of different types as shown in Table 1.

<p>(1) Acute Trauma and PTSD In Directly Affected Populations</p> <ul style="list-style-type: none"> ■ Constant exposure to bombings, displacement, loss of loved ones. ■ Children exposed to violence show high rates of Post-traumatic Stress Disorder (PTSD). ■ Nightmares, hypervigilance, emotional numbing, regression in young children. ■ Survivors may experience “survivor’s guilt.” 	<p>(2) Chronic Anxiety and Fear Even for civilians not directly injured:</p> <ul style="list-style-type: none"> ■ Persistent fear of attacks. ■ Uncertainty about safety, food, housing, and future stability. ■ Anticipatory anxiety (constantly expecting bad news).
<p>(3) Intergenerational Trauma Long-standing conflict can lead to:</p> <ul style="list-style-type: none"> ■ Trauma transmitted across generations. ■ Children internalizing narratives of fear, loss, and identity shaped by conflict. ■ Normalization of violence as part of daily life. 	<p>(4) Grief, Collective Mourning, and Identity Trauma Large-scale casualties create:</p> <ul style="list-style-type: none"> ■ Collective grief. ■ Shared trauma narratives. ■ Heightened group identity and polarization.
<p>(5) Moral Injury Among:</p> <ul style="list-style-type: none"> ■ Civilians forced into impossible ethical situations. ■ Soldiers exposed to morally distressing events. ■ Healthcare workers overwhelmed by suffering. ■ Moral injury differs from PTSD; it involves deep guilt, shame, or loss of faith in one’s moral framework. 	<p>(6) Radicalization and Polarization Prolonged exposure to conflict can:</p> <ul style="list-style-type: none"> ■ Increase black-and-white thinking. ■ Reduce empathy for perceived opponents. ■ Fuel extremist narratives. ■ Spread misinformation-driven anger globally via social media.
<p>(7) Global Psychological Impact Outside the region:</p> <ul style="list-style-type: none"> ■ Diaspora communities experience secondary trauma. ■ Increased antisemitism and Islamophobia heighten fear and identity stress. ■ Continuous media exposure causes vicarious trauma. ■ Many people report “doom scrolling” and emotional exhaustion. 	<p>(8) Humanitarian Workers and Journalists Those covering or responding to the crisis often develop:</p> <ul style="list-style-type: none"> ■ Compassion fatigue. ■ Burnout. <p>Secondary traumatic stress.</p>

In areas like the West Bank and southern Israel, these repeated episodes of violence generate compound trauma over a long period. In Israel, the frequent rocket alerts lead to heightened stress, anxiety, and depression amongst the at-risk population. In Gaza, due to unpredictability and restricted movement, the classic cognitive triad of depression - helplessness, hopelessness, and worthlessness - has been observed, as seen in long-term conflict zones worldwide. The collective trauma can strengthen in-group solidarity but deepen out-group hostility. The communities living far from the region also experience identity-based polarization².

This phenomenon, often termed “intergenerational trauma,” arises from sustained exposure to violence and instability, leading to profound and lasting psychosocial impacts that permeate individual and collective identity. This inherited trauma can manifest through psychological effects and coping mechanisms that are transmitted across generations, impacting family dynamics and broader societal structures. The collective trauma influences social cognition, leading to processes of both social integration within in-groups and heightened differentiation from out-groups. Such dynamics are particularly salient in post-conflict societies where unresolved historical grievances and ongoing threats perpetuate a “victimhood psychology” that reinforces collective identity narratives and can impede reconciliation efforts. This psychological embedding of conflict, often discounted as an invisible barrier, necessitates a deeper understanding of its interplay with peacebuilding processes to enhance outcomes. Indeed, parental transmission of trauma, frequently through familial storytelling, can reproduce hostile attitudes towards perceived aggressors, thereby obstructing reconciliation efforts. This framework, crucial for understanding the enduring impact of mass violence, underscores how descendants can exhibit trauma symptoms even without direct exposure to the original traumatic events. This intergenerational transmission of trauma, observed in genocides and civil wars globally, often occurs through mechanisms such as parenting styles, parent-child attachment, and overall family functioning, demonstrating comparable patterns across diverse cultural contexts. This absorption of unresolved psychological burdens from those directly exposed to traumatic events can severely undermine social cohesion and stability within affected communities, perpetuating systemic inequalities³.

The conflict between Iran and the United States (and allies) has created a serious economic and fuel crisis inside Iran and globally. The crisis is driven by sanctions, war damage, disruption of oil supply, and economic instability. The Iran-US conflict has intensified Iran's existing economic problems. Sanctions, war damage, and oil market disruptions have caused inflation, fuel shortages, poverty, and industrial shutdowns in Iran while also raising global oil prices and economic uncertainty worldwide. India imports about 85-90% of its crude oil, much of it from the Middle East. War disrupts supply and pushes global oil prices higher, increasing petrol,

diesel, and LPG prices in India. Nearly 50% of India's crude imports pass through the Strait of Hormuz, which can be affected during the conflict. India imports **48.7% of crude oil, 68% LNG, and over 90% LPG from West Asia**. So the war creates **diplomatic challenges** for India in balancing these relationships. Nearly **10 million Indians work in Gulf countries**. If the war expands, it could affect jobs of Indian expatriates, reduce remittances sent to India and force evacuation of workers.

If the conflict persists, there are certain long-term risks. There could be higher rates of depression, substance abuse, domestic violence. The educational and developmental delays among children may be seen leading to reduced social trust and civic cohesion. However, there are optimism, protective factors, and resilience. Despite the trauma, research shows that during these periods of war crisis, there had been reports of strong family bonds buffering stress. Community solidarity can foster resilience. Access to mental health services significantly reduces long-term damage, and religious/spiritual coping can provide meaning during chaos. There are Many families experience the constant worry about their relatives, family members and friends waiting and living in this conflict-affected region with apprehension, fear, sleep disturbances, heightened transnational anxiety, and emotional exhaustion. The repetitive checking the news, calling the family repetitively and enquiring their whereabouts and imagine worst-case situations, which increases anxiety more instead of reducing it.

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Erratum : In the editorial of February 2026 issue please note that at present, only AIIMS Rishikesh & AIIMS Deoghar (not AIIMS Bhubaneswar) teaches MBBS Undergraduates Psychiatry separately as pointed out by Dr. Santanu Nath, MBBS; MD; DNB, Associate Professor & Faculty I/C, Department of Psychiatry, Nodal Officer, Addiction Treatment Facility (ATF), AIIMS, Deoghar, Jharkhand, India. — **Hony Editor, JIMA**