

The stress of peacekeeping

Will soldiers returning from Bosnia need psychiatric help?

Anyone who heard the accounts of atrocities committed by Serb and Croat irregulars on Muslim families in Bosnia must have been chilled and appalled. How much worse for the soldiers who found the aftermath of these ghastly acts. So it came as little surprise to learn that a team of counsellors would be available to support the returning Cheshire regiment.

During this war-torn century, the military management of acute psychiatric problems has steadily improved, as shown by the sophisticated psychological services operated by the British Army during the Gulf war. However, recognition of the long-term impact of war and trauma has taken longer. It was the enduring psychological difficulties faced by some veterans of the Vietnam war that led American psychiatrists to identify post-traumatic stress disorder (PTSD). This was defined as a syndrome arising out of an unusual experience, and accompanied by flashbacks to the trauma itself, general anxiety and emotional numbness, all of which could be precipitated by any reminder of the event.

Since then, PTSD has become widely accepted. Disaster planning now routinely includes provision for psychological services. Not only survivors, but their relatives, and the counsellors themselves, can be the target of immediate psychological intervention.

Has it all gone too far? Do we need counselling whenever anything out of ordinary happens? Would the Cheshire regiment succumb to mass PTSD, if it was not available?

Putting to one side the extremes of human experience — horror and deprivation on an unimaginable scale, as experienced by the hostages in Lebanon, or survivors of the concentration camps — the

type of person may be more important than the type of trauma. Studies of Australian firefighters involved in a disastrous bush fire found that PTSD could be predicted not by the intensity of the experience, but by previous personality and psychological health. Most of those exposed to disaster do not develop PTSD.

So while the wish to safeguard the future mental health of the soldiers concerned is admirable, the Cheshires probably do not need all those counsellors. Modern professional soldiers in a volunteer army are psychologically robust. They witnessed horror, but were not under threat themselves. And while talking

about emotionally distressing experiences is valuable if the person wishes to do so, it should not always be necessary to involve mental health specialists who may also be outsiders. At Lockerbie, local people preferred to talk to those they already knew rather than the teams of outsiders brought into the close-knit community. In the Army,

another close community, it may be more appropriate to foster an atmosphere within the regiment in which it is acceptable for the soldiers to talk about their feelings without being seen as weak or mentally disordered.

Introducing trained counsellors perpetuates the myth that talking about distress needs an expert, and medicalises what is usually a normal human emotion. The lack of an opportunity to express distress, if there is distress, may have long-term consequences — but there is a danger of creating a climate in which everyone is expected to experience distress, even when many do not.

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Home: Cheshires back from Bosnia