

From Shell Shock to Post-Traumatic Stress Disorder: What are we asking of our Armed Forces Personnel?

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The post-Cold War security environment poses a need for Canada's military to redefine itself in terms of its role in the so called 'new world-order'. Our foreign and defence policies have lately been at odds—and this isn't a particularly new scenario—with regard to what role we wish to play in international institutions and how best to project Canadian values abroad. While we're engaged in this debate the Canadian Forces are being downsized in a way that is detrimental to their ability even to continue in their current role—again this is nothing particularly new and has been ongoing since roughly the end of WWII. While these issues present functional and operational concerns for Canada's military, they also present social and ethical dilemmas. The information and arguments of this paper represent questions that pertain to the larger issue of the relationship between Canadians and their military.

It is my preliminary observation that Canadians are largely oblivious to the form and function of their military and only shift their perception of its cost or benefit to them when something very good or something very bad is reported in the media. The questions that are being asked within the military today with regard to lack of personnel, lack of equipment, unclear mandates etc. all beg the questions of society "What do we expect from our military?" and perhaps less obviously "What are we willing to ask of our Armed Forces Personnel?" There is no better indicator of the difficulties inherent in the job of soldiering than the psychological effects on military personnel and civilians in peacekeeping and combat, and none more thoroughly ignored in history and at present.

Last year I undertook an historical study of what has come to be called post traumatic stress disorder, or PTSD, and found that it has a centuries old recorded history, primarily within the medical profession and keeps being rediscovered by the military and largely ignored by society. This seems rather ironic given that the military, despite its more recent attempts to ameliorate the effects of PTSD, is powerless to remove the cause, short of renouncing its profession, and that society must bear the social and financial costs of coping with its effects. I believe that our ignorance of the issue is largely the result of the need of the military to maintain an image of invulnerability both for itself and for society. This image allows Canadian citizens to maintain the fiction that our role in the new world-order is one of heroic idealism and that the military is otherwise a necessary evil that protects us from the dangers present in the international system. In this presentation I will use the lack of attention paid to PTSD as an example of the disconnect between the image that Canadians have of their military's purpose and actions and the reality of the military profession. First, I will describe how modern peacekeeping and its psychological consequences is frequently more similar to war than to peace. Second, I'll argue that we use environmental causes to describe psychological consequences in order to preserve the image of the invulnerable soldier. Finally, I'll ask you to consider that humanitarian intervention and its attendant forms of modern warfare may not be as humanitarian as we would like to think because of its potential psychological consequences.

The idealized image of military heroism that most Canadians hold is largely undisturbed and taken for granted until a scandal appears in the papers or on the evening news, or occasionally when commendation is given for an overseas mission or aid in a domestic natural disaster. Earlier this spring General Romeo Dallaire gave interviews on the CBC with regard to his experiences in Rwanda and they generated a great deal of sympathy from the audience. More recently the National Post has picked up his story and advertised it with a front page headline that can only be described as disrespectful and misleading in its sensationalism: From National Hero to Park Bench Drunk. This is a very clear example of how we dishonour the individual because we are unwilling to accept the larger issue. We are more comfortable dealing with a fallen hero, than a vulnerable one. But whatever emotional response we have toward General Dallaire's difficulty in coping with the aftermath of Rwanda, there is the danger of it being seen as an anomalous event because of the extreme nature of the atrocities that he and his colleagues witnessed. In fact his experience is all too common.

Our military and civilian personnel, are paying the psychological price of undertaking new style peacekeeping missions without clear mandates and rules of engagement. Leonard Cohen and Alexander Moens at Simon Fraser University in Vancouver, pointed out in their examination of the UNPROFOR mission, that the incidence of depression and PTSD was 'unusually high' amongst Canadian troops. Had there not been so many other problems with UNPROFOR, would we have been informed of PTSD amongst its participants?

The symptoms suffered by peacekeepers in the former Yugoslavia are strikingly similar to the invisible injuries of soldiers as early as the American Civil War and WWI. The so-called mind wounds of these earlier veterans were attributed to physical causes, namely railway travel and later artillery bombardment and the percussive impact on the spinal chord and nervous system of close proximity shelling, hence the term "shell shock." However, as the psychological profession later diagnosed, the percussive effect of shelling was not the problem. Writing in 1917, Dr. G. Eliot Smith connected the fear inherent in trench warfare with the high rate of psychological casualties:

A man has seldom a personal enemy whom he can see . . . the assaults made upon him nowadays are impersonal, indiscriminating and unpredictable . . . The noise of the bursting shells, the premonitory sounds of approaching missiles during the exciting periods of waiting, and the sight of those injured in his vicinity whom he cannot help all assail him, while at the same time he may be fighting desperately with himself.

When compared to the findings of a Board of Inquiry into Croatia the stressors appear very similar.

desperate efforts to build defensive structures in Sector South, frequent shelling and small arms fire, the constant threats posed by landmines, the horrors of recovering the bodies of victims of ethnic cleansing and weeks of living and operating in dire circumstances without a break.

When placed in historical perspective, these are not unusual conditions of warfare, but they are not conditions we associate with the traditional peacekeeping mandate. We ought to be particularly concerned that peacekeepers are being faced with ambiguity with regard to their

mission and with long or back to back tours of duty without proper relief or medical attention. And that they are being asked to undertake duties for which they are under-equipped and unprepared. Because we attach the descriptive term 'peacekeeping' to what Canadian soldiers are doing, we consider it a projection of Canadian values, as well as a safer, more peaceful undertaking rather than recognizing it as stressful, dangerous and at times ill conceived.

The unseen enemy is an increasing factor of warfare as it is being conducted at greater distances and with increasingly lethal technology. There is no more lethal, invisible and frightening development in 20th century warfare than chemical and biological weapons. Soldiers returning from Croatia with mysterious ailments due, it was thought, to contaminated soil have exhibited classic symptoms of PTSD, quite similar in physical manifestation to those of soldiers with Gulf War Syndrome or Vietnam Veterans who encountered Agent Orange. As with railway spine and shell shock, it seems that we search for answers to unexplainable illness by attaching environmental causes. And we seem more comfortable accepting the notion that the state is deliberately or unwittingly poisoning its service men and women by exposure to toxins, than accepting that chemical weapons are just plain terrifying. Canadians are more comfortable applying characteristics of deception to our politicians—admittedly sometimes deserved—than vulnerability to our soldiers. If we recognized that new weaponry does not always keep them safe, and that they are still at grave risk in times of war, regardless of whether a shot is fired we are forced to rethink our conception of risk. Medical research has determined that the physical illness suffered by veterans of the Gulf War, Croatia and Vietnam cannot be conclusively explained by exposure to toxins. Frequently the methodology used in clinical tests is not designed to determine a pathogen, but rather to examine the symptoms. Extensive tests of Vietnam and Gulf War veterans have not shown higher rates of cancers or other diseases amongst these individuals than in the general public. However, the environmental explanation is preferred to a psychological one. For example, former Veterans' Affairs Minister George Baker was a passionate and sympathetic advocate for peacekeepers returning from Croatia with health problems and pressed for them to receive proper medical attention and benefits. But Mr. Baker preferred to attribute the illnesses of the peacekeepers to contaminated soil rather than to psychological stress citing firefighters in Gander Newfoundland who had to recover the victims of an airplane crash and who were, in his opinion, too tough to suffer psychological after affects. Therefore, how can it be that peacekeeping could psychologically affect tough Canadian soldiers?

The fact that toxins may not have been present in Croatia or in Iraq is secondary to the fear that soldiers face in anticipation of being exposed to toxins. For example, an experiment of a mock chemical attack conducted in France in 1985 unexpectedly dropped red powder on French troops who were expecting water vapour. In the words of Richard Gabriel who writes about this incident in his book *The Painful Field*: "the whole battalion simply came apart. Scores of soldiers writhed on the ground manifesting all the symptoms of a genuine chemical attack. Some almost died from their psychologically generated symptoms." With chemical and biological attack being an increasing possibility in modern warfare, the fear of such an attack alone can be enough to debilitate an army beyond efficient functioning.

In an attempt to overcome close proximity hazards, and as a result of a perception amongst politicians, which may or may not be true, that Canadians will not tolerate casualties, we are

more often conducting military operations from what is perceived to be a safe distance and resorting to aerial bombardment of the enemy. This does largely reduce the likelihood of PTSD amongst combatants and the likelihood of casualties. However, it effectively transfers the trauma to the civilian population on the ground. When we undertake this kind of military operation, as in the case of the Gulf War, we rationalized that we were minimizing civilian casualties, in Yugoslavia we were undertaking a humanitarian intervention. These are words which may or may not accurately describe what the allied coalition or NATO did, but they are also words which provide Canadians with a palatable image of what takes place. Our military may know where precision guided munitions are going to fall, most of the time, but this is not information that is shared with civilian populations on the ground. It seems logical to conclude that the bombing of Yugoslavia and Iraq and the current shelling of Palestine by Israel is creating psychological distress that will last into the next generation. When we speak of 'primordial causes' of ethnic conflict, we think of deep seated hatred between parties that seems to erupt from conflict to conflict. If we accept a simple cause of ethnic hatred, are we blaming the victim for acting on psychological triggers that are the residue of living with trauma beyond the level of human endurance? Civilians in Canada have shown evidence of high levels of PTSD from participating in military operations, for example, medical staff and war correspondents suffer from the effects of witnessing death and destruction. Many of the artists commissioned to paint the WWI and II canvases currently on display in the Museum of Civilization suffered deep depression and other emotional side effects upon returning from the wars. If we were more aware of the inevitable nature of psychological distress resulting from combat and its far reaching consequences as it is transmitted through familial and social interaction, would we as social scientists be better equipped to understand causation in conflict. Would Canadians be less inclined to accept constructed images of the enemy? Perhaps we would be forced to confront the reality behind the imagery of words like peacekeeping and humanitarian intervention.

Throughout this paper I have stated that Canadians, i.e. civilians have an inaccurate and idealized image of soldiering. This image is also perpetuated within the military. We no longer shoot soldiers for cowardice as was the practice at the beginning of the First World War. And the Department of National Defence has taken numerous and concrete steps in recent years to create a military that more closely reflects the society it defends—at times to the chagrin of the military. But the military ethos, the style of training and discipline still reflects an image of toughness and invulnerability that I believe is counter productive to preparing for and treating post traumatic stress. If we demystify the inevitability of PTSD, and recognize that it is not necessary to be emotionless to be a soldier—frankly it may be undesirable particularly in terms of peacekeeping—perhaps we could better prepare for psychological distress and treat it. During my research last year I was heartened to learn the Department of National Defence has opened treatment centres across the country. The press release in the fall of 1998 referred to them as dedicated to providing support and assistance to sufferers of PTSD and their families. I recently followed up that research and found that the one in Ottawa, referred to simply as "The Centre," is one of five "post-deployment centres" mandated to treat returning and retired members of the CF for a wide variety of complaints. The website of The Centre notes that "It has been known since the American Civil War that veterans returning from conflicts frequently experience problems with fatigue, memory, concentration, sleep, chest pain, joint and muscle pain, dizziness and shortness of breath.... In recognition of the fact that these types of complaints are common to

veterans of any deployment and to provide access and follow-up, the Post-Deployment Clinics were opened."

The vague language used to describe the Centre's mandate and the thick screen of confidentiality provided for anyone wishing to access it, suggests that CF members ought still to accept the unexplainable nature of their ailments and ought to feel embarrassed by the possible causes. I begrudge no one the right to confidentiality regarding psychological treatment. But I wonder are we protecting the Canadian Forces Personnel from others wishing to pry into their personal lives? Or are we protecting the image of the invulnerable soldier because it is a consequence of the job that we are unwilling to face? Finally, are we willing to face the truth that many of those who engage in humanitarian intervention, those who protect our nation, soldiers and civilians alike, are frequently suffering lasting psychological debilitation as a result?

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