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The Invisible Scars of the Peace-Field: The Operational Commander's Impact

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ABSTRACT

There is a cost to modern peace operations, a cost that cannot be measured. The continuous stress to which Canadian soldiers, sailors, airmen and airwomen are subjected while deployed on the more demanding peace operations contributes to wearing their bodies and minds, conditions that may lead to the development of Post-Traumatic Stress Disorder (PTSD) in some individuals. The trauma caused by witnessing horrors or brutal violence exacts a toll on peacekeepers, a toll that is comparable to the pains associated to the combat stress reactions (CSRs) experienced during the more conventional wars and conflicts of the 20th Century. The stressors experienced during the more demanding peace operations combine to expose our personnel to the risks of developing severe and intractable symptoms of PTSD. Not only do the experiences affect the individuals involved, they impact the peacekeepers' immediate families as well.

The operational level commander has an important role to play in reducing PTSD outcomes. While the means at his/her disposal might be constrained, especially when he/she operates within a coalition, he/she has responsibilities that span across the pre-deployment, deployment and post-deployment phases of the operation.

The essay first scopes the special nature of modern peace operations and the impact they may have on the peacekeepers and their families. It then goes on to address the role and responsibilities of the operational level commander in reducing PTSD outcomes within a coalition engaged in peace operations, explores some of the means at his disposal and makes a case for an expanded research program as well as for a comprehensive post-deployment follow-up program.

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> Through the night, there were packs of dogs that started to fight over the corpses of the previous days killings. But you could hear these dogs moving about in packs, howling and snorting at each other through the night and that's when it hit home where I was. [1]
>
> **Major Phil Lancaster**
> On Rwanda (UNAMIR)

Introduction

Over the past decade or so, the Canadian Forces (CF) have deployed troops in "harm's way" at a level not experienced since the Korean Conflict. While the military involvement in peace operations is likely to be limited in terms of human lives, the costs associated to the operations do not end there. There is no doubt that the new paradigm that makes peace operations fundamentally different from what is known as traditional peacekeeping is seasoning our troops.

In essence, the rank and file of the CF are populated with "veterans." [2] Many have yet to recognize that such a force has special needs. While the troops have not deployed to theatres of war in conflicts in the strictest sense of the term, we argue that the repeated and continuous stress to which they have been exposed while on peace operations has contributed to wearing down their bodies and minds. This essay posits that the more demanding peace operations [3] may exact a toll of a magnitude not yet fully recognised by the scientific community and the leadership of the CF, conditions that may lead to the development of Post-Traumatic Stress Disorder (PTSD) in some individuals. [4] As a consequence, soldiers (both males and females), their spouses and families might not be cared for as well as they ought to.[5] Albeit somewhat constrained, we suggest that the operational commander has an important role to play in reducing PTSD outcomes within a coalition, whether it is engaged in conflicts where one of the belligerents is labelled the aggressor or in operations where the conflict itself is the enemy.

Methodologically, we will analyse articles of an academic nature and concentrate on monographs

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[1] Canada, Department of National Defence. "Witness the Evil - A Canadian Forces Video, 1998.

[2] In the context of this essay, the use of the neutral or masculine gender when referring to soldiers is meant to include both males and females. One exception, to which we will return later, is the term “spouse” which, for the purpose of this essay, refers solely to women.

[3] Throughout this paper, we will use the terms peace operations to avoid the controversy over labels. We will make a distinction among the various types of peacekeeping operations only when that distinction is required, as per example when discussing a the peace operations continuum.

[4] The nature of the disorder is defined is defined at page 7.

[5] For the purpose of this essay, the term spouse, when used, refers solely to women. Unfortunately, the absence of empirical data concerning male spouses forces us to limit this particular intervention to the impact that secondary PTSD has on women.

addressing PTSD in a military context. A short historical review of combat trauma will set the scene. Once we have addressed some of the fundamentals required for further discussion, we will undertake a more elaborate analysis of PTSD in the context of peace operations. We will do so first by establishing the particularities of modern peacekeeping and its stressors, then by analysing the nature of the psychological demands made of peacekeepers. We will also consider the impact PTSD outcomes may have on the soldiers and their families. Finally, we will explore the role of the operational commander and his staff in reducing the psychological effects leading to PTSD and their aftermath. [6]

I *COMBAT STRESS REACTIONS (CSR) AND THE COMBAT ENVIRONMENT - AN HISTORIC PERSPECTIVE*

Numerous studies address the impact of stress on warfighting. As per example, Richard Gabriel in *No More Heroes*, explains that of the more than 2 million soldiers who crossed the Atlantic during World War I, 106,000 were treated for psychiatric reasons. During World War II, more than 1,393,000 men and women in uniform manifested serious psychological deficiencies. It is estimated that the American forces lost an average of 32 soldiers per 1,000 for psychiatric reasons during the Korean War where it was determined that the chances of becoming a psychiatric casualty were 143 percent greater than being killed. In Vietnam, the number of psychiatric casualties among the troops that experienced combat reached 12.6% while the percentage of dead amounted to 16%. During the Yom Kippur war in 1973, the Israeli forces suffered a psychiatric casualty rate of 30 %. Later, during the Lebanon war, the number of Israeli psychiatric casualties was 150 times higher than that of the dead. [7]

The idea that individuals who experienced severe traumatic events could suffer from intrusive memories and flashbacks is not new. For example, "in the U.S. Civil War, symptoms now recognised as stress reactions were recorded." [8] Initially described as "nostalgia", Combat Stress Reactions (CSR) casualties became "shell shocked" during World War I. Unfortunately, the lessons learned during the Great War were almost completely lost by the time World War II broke out. It took a long time for medical and military authorities to recognize what was then referred to as "traumatic war neurosis," "combat exhaustion" and "operational fatigue." [9]

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[6] Given the limitations imposed by the parameters of this essay, it was decided that the treatment/therapy of PTSD were not essential to the development of the argument. While not incorporated, they nevertheless constitute elements with which leaders at all levels should be familiar.

[7] Richard A. Gabriel, *No More Heroes*, New York, Hill & Wang, 1987, p. 72-77.

[8] C.D. Lamerson, and E.K. Kelloway. "Towards a Model of Peacekeeping Stress: Traumatic and Contextual Influences." *Canadian Psychology*. 1996, Vol. 37, No. 4, p. 196.

[9] Felice R. Kobrick, "Reaction of Vietnam Veterans to the Persian Gulf War." *Health and Social Work*. (August, 1993), Vol. 18, No. 3, p. 166.

During the Korean War the treatment of "gross stress syndrome" casualties took a substantial new step. Psychological casualties were kept in medical facilities close to the front; a major breakthrough in the treatment that allowed the return to combat of a substantial portion of CSR casualties. Later, during the Yom Kippur War, the Israeli coined the syndrome "battle shock." The Vietnam, Grenada and Falklands experiences once again demonstrated the harshness of the conditions faced by combatants. However, the modern battlefield introduced a new operational paradigm. Technological breakthroughs made combat a continuous threat and added to the psychological burden of the soldier. What was once a secondary medical concern had the potential to undermine the performance of the formations engaged.

There is agreement among most authors that when the intensity of the stressors is too extreme, the warrior's performance is affected to the point when they may no longer be effective. Richard Gabriel suggests that all combatants experience stress in varying degrees, and he argues that "psychiatric breakdown has nothing to do with being 'weak' or cowardly. It is an inevitable result of the nature of war." [10] We turn to Sahava Solomon to explain the phenomenon. She establishes that this psychological breakdown, or what she refers to as CSR consists of " [. . .] behaviour by a soldier under conditions of combat, invariably interpreted by those around him as signalling that the soldier, although expected to be a combatant, has ceased to function as such." [11.]

> What we went through in Yom Kippur wasn't pleasant . . . . I saw a lot of wounded, and a lot of guys who died of their wounds because we couldn't reach them. They cried out for help. The shelling was heavy, and you can't get to them. [. . .]
> I remember the feeling of utter impotence. [. . .] I saw dying men, soldiers of mine, who'd been training for several months, call me to help them. I want to go over, but I can't! My legs won't carry me. Even if it might have been possible to reach them, I couldn't have gone. I wanted to walk, but I found myself crying. I was sweating, crying, and trembling. I was shaking, shaking like a leaf. [. . .] I was rooted in one spot. I was lying there and couldn't get up." [12]

It was in 1980, after much research by various task forces made of veterans, that the American Psychiatric Association (APA) officially brought a new recognition to the intrusive memories and flashbacks suffered by the veterans. [13] Post-traumatic stress disorder was firmly established in the combat stress lexicon and was recognised as a legitimate disorder.

II *POST TRAUMATIC STRESS DISORDER*

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[10] Gabriel, p.73.

[11] Sahava Solomon. *Combat Stress Reactions - The Enduring Toll of War.* New York, Plenum Press, 1993, p. 30.

[12] Ibid., p. 42.

[13] Kobrick, p. 165.

1. ***The nature of PTSD***

PTSD is the latest in a long series of diagnostic terms used to describe the state of distress associated with being severely upset or traumatized. [14] PTSD can follow a distressing event which is far outside the normal range of human expectation. The event is relived; it just won't go away: "the victim relives sights, sounds or even smells. A 'reminder' incident can start the process off all over again." [15] The pains experienced affect not only the individuals themselves "but all those around them, whether family members, co-workers or close friends." [16]

At this stage, it would be useful to establish the relationship that exists between CSR and PTSD. Whereas in general terms, the most common and conspicuous long term impact of combat stress is PTSD, CSR is an acute reaction that occurs on the battlefield, such as the one experienced in the case Sahara Solomon described earlier. Such a breakdown creates an imprint that is not easy to erase and often leads to chronic PTSD which is made of complex distressing reactions that can follow the experiencing of any kind of traumatic event. In his book, *Achilles in Vietnam: Combat Trauma and the Undoing of Character*, Dr. Shay establishes that prolonged contact with the enemy in war destroys the soldier's confidence in his own mental functions as surely as would prolonged torture in a political prison. [17] As Richard Gabriel argues, "given enough stress and exposure to battle, almost all soldiers will suffer some degree of psychiatric debilitation."[18] It is important to understand that PTSD can develop independently quite a while after the event, away from the theatre of operations. [19] Casualties relive the traumatic events they experienced through nightmares and intrusive images, or thoughts that bring back the strong traumatic emotions of the moment. For them, the war does not end when the shooting stops. Casualties tend to see CSR as a "failure and betrayal," and PTSD as "a sign of weakness." [20] In this context, a CSR is a manifestation of how little control the casualty has over himself. As for PTSD, it appears to thrive in soldiers whose resources are depleted and who are not protected by a solid family and effective unit social support

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[14] Chuck Mosley, "The invisible scars of war. *Peace Review*. Palo Alto. September 1998, p. 1. [http://proquest.umi.com/pqdweb?TS=9401…mt=3&Sid=1&Idx=86&Deli=1&RQT=309&Dtp=1]

[15] Roy Brook. *The Stress of Combat - The Combat of Stress*. Alpha Press, 1999, p. 229.

[16] Ibid.

[17] Jonathan Shay. *Achilles in Vietnam: Combat Trauma and the Undoing of Character*. 1995, New York: Touchstone, p. 35.

[18] Gabriel, p. 73.

[19] Ibid., p. 55.

[20] Ibid., p. 123.

2. ***Symptomology***

Michal Shamai explains that "in a large proportion of cases, CSR may crystallize after war into chronic post-traumatic stress disorder, and even when the full PTSD syndrome does not develop, there may be other stress residues, in the form of partial PTSD, and other types of psychiatric, somatic and social impairment." [21] Annex A provides a summary of the official diagnostic criteria for PTSD, as recognized by the American Psychiatric Association.

Gabriel, in *No More Heroes,* suggests some categories of symptomologies for psychiatric breakdowns, "one of the most costly items of war when expressed in human terms." [22] PTSD, he argues, is a progressive disorder. Early on, soldiers can suffer from **simple fatigue**. Mentally and physically exhausted, they find motion difficult, if not impossible, manifest a tendency to become unsociable and overly irritable, loose interest and avoid responsibilities. Simple fatigue might be accompanied by somatic symptoms such as palpitations, sweating and hypersensitivity to sound among others. A **confusional stage** can quickly follow. At this point, the soldier is dissociated from reality and no longer knows where he/she is.

The most profound manifestation of combat stress is **conversion hysteria**. At this stage, "torn between his fears and his socially derived notions of duty," [23] the soldier converts his/her fears into severe somatic symptoms that incapacitate him/her; in this manner, she gains relief from the terror she faces. Gabriel notes that "conversion hysteria can occur traumatically or in post-traumatic situations." Soldiers suffering from combat shock can also experience a state of **generalized anxiety**, a tenseness that cannot be relieved and leads to the inability to concentrate. [24] In this state, the soldier can develop phobic conditions and extreme fear he may focus on a given object, such as a tank, "for fear that it will draw the enemy fire that will kill him." [25.] Generalized anxiety can also lead to **hysteria**; at this point, the soldier can no longer control himself (palpitations, tics, tremors) and often takes refuge in to some type of hysterical reaction that allows him to escape responsibility. Finally, CSR casualties may suffer from **character disorders**, a state that usually accompanies them for the rest of his life. [26] Paradoxically, as Jonathan Shay proposes, "fighting for one's country can render one unfit to be its citizen." [27]

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[21] Michal Shamai. "Family Crisis Intervention by Phone: Intervention with Families During the Gulf War." *Journal of Marital and Family Therapy*. (July, 1994), Vol. 20, No. 3, p. 317.

[22] Gabriel, p. 88.

[23] Ibid.

[24] Ibid., p. 91.

[25] Ibid., p. 92.

[26] Ibid., p. 93.

[27] Shay, p. XX.

III *CONTEMPORARY PEACE OPERATIONS AND PTSD*

1. *The Peace Operations Continuum*

Involving combat-type measures, but not necessarily traditional combat operations per say, some peace operations are arguably not peacekeeping at all, at least in the traditional sense. [28] They entail an increased risk of casualties, of death even. A distinct peace operations continuum or "spectrum of conflict" has developed.

Within the framework of what is referred mainly as second generation peacekeeping,[29] Dr. Frank Pinch argues that at one end of the continuum rests preventive diplomacy which attempts to prevent violent outbreaks trough confidence-building measures (such as monitoring and fact-finding missions, as per example) and preventive deployment measures - they refer to the establishment of a military presence as a mean to deter the conflict (e.g. Macedonia, 1993). These measures include United Nations Military Observer missions (UNMO) with the mandate of monitoring compliance with truces, accords, international agreements and humanitarian assistance missions. At the other end of the spectrum, it may prove necessary to halt an armed outbreak and bring belligerents into compliance with cease-fire agreements - the mandate of peace enforcement operations which, for all intents and purposes, resemble all out war -as was the case in the UN authorization of massive air strikes against the Bosnian Serbs). [30] The existence of the continuum constitutes a departure from conventional operations and has direct application in terms of the broad range of skill sets required of peacekeepers. The higher end of the spectrum virtually guarantees that peacekeepers will come under fire from belligerents. Jocelyn Coulon refers to the phenomenon as the transformation of the "lightly armed soldier-diplomats in the service of peace [. . .] into warriors for peace." [31] But the lower end of the spectrum also presents the peacekeepers

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[28] Marrack Goulding. "The Evolution of United Nations Peacekeeping." *International Affairs*. (1993),Vol. 69, No. 3, p. 459.

[29] The current trend of development from what was once known as traditional peacekeeping to "second generation peacekeeping," and its positive impact on the ability of the United nations to develop into an effective system of collective security invites nations concerned with international peace and security to dispatch eve more troops in harm's way. In the 1990s, threats to international peace and security have become more diverse, less predictable and definitely more controversial. The international community is now asked to deal with a wide range of new and complex situations that have changed the character of peacekeeping operations. These operations may now include involvement in intra-national conflicts, humanitarian relief operations, cease-fire negotiations, resettlement programs, disarmament and demobilization, economic reconstruction, reconciliation, human rights and elections. Expected to work with civilian components, perhaps a civilian head of mission and other bodies outside the mission, the force has to institute a variety of coordination mechanisms to foster unity of effort. This new presence in the area of operations has created a new environment referred to as "wider peace keeping" by the British, as second generation peacekeeping by the UN and New Peacekeeping Partnership by the Canadians. See Marrack Goulding. "The Evolution of United Nations Peacekeeping." *International Affairs*, Vol. 69, No. 3, 1993, p. 459 and Andrew Bair, "The Changing Nature of Civil-Military Operations in Peacekeeping." In *The New Peacekeeping Partnership.* Alex Morrison (ed.) James Kiras and Stephanie A. Blair (assistant eds), Halifax, The Printer. 1995.

[30] Franklin Pinch, *Lessons from Canadian Peacekeeping Experience: A human Resources Perspective.* FCP Human Resource Consulting, Gloucester, Ontario, November 1994, p. 17-22.

[31] Jocelyn Coulon. *Soldiers of Diplomacy: The United Nations, Peacekeeping and the New World Order*. Toronto,

with a conundrum of the first order. Major Lancaster explains the situation following an exacting tour as a military observer with the United Nations Assistance Mission in Rwanda (UNAMIR):

> There we were. There I was, wearing a blue beret, supposedly as a member of a world body with credibility and force and power. And interest from the nation's people, all the best-thinking in the world, went into construction of the UN, and it didn't mean a damn thing at that time and place. The next day I got up with the intention of going back down to the troubled area and found I just couldn't move, just couldn't get myself out the door. And I realized then that I'd had it. I just could not go on. [32]

As proposed by Dr. Pinch, the prevailing sentiment among peacekeepers is that "peace operations are operational deployments and it [is] thought that the sentiment [is] shared throughout the CF." [33] Peacekeeping has become central to the operations of the CF, and to military affairs in general. This substantial paradigm shift underscores the need to examine the long term mental impact of peacekeeping among the veterans of such missions.

2. ***The psychological demands of modern peace operations***.

Nowadays, CF peacekeepers are often asked to secure peace under tenuous conditions to say the least; they may be subjected to threats and resentful rejection on the part of those who are the subject of their assistance. Lamerson and Kelloway argue that traditional peacekeeping missions involved exposure to short-term, unexpected traumatic events while soldiers engaged in modern peace operations face repeated and sustained traumatic events. [34]. Peace operations emphasize proximity rather than protection as is the case for conventional military operations. This creates hypervigilance and arousal in peacekeepers and contributes to a general sense of fear, perhaps more so in the case of soldiers trained for combat roles, especially when they are explicitly prohibited from responding as they were trained when threatened. [35] Most authors concede that “peacekeepers who are required to refrain repeatedly from an aggressive mode of response may be at risk of acting out their anger both during a mission and on their return home.”[36]

Role stressors are an important contributor to the peacekeeper's experience of stress. Greater

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University of Toronto Press, 1998, p. 26 and 34. Jocelyn Coulon's soldier-diplomats constitute the embodiment of Lester B. Pearson's Blue Helmets. When called upon to exert a mediatory rather than military influence they were required to display unusual self-restraint, often under severe provocation.

[32] Canada, Department of National Defence, Witness the Evil - A Canadian Forces Video, 1998.

[33] Pinch, p. 140.

[34] Lamerson and Kelloway, p. 195.

[35] Ibid., p. 2.

[36] Ibid, p. 1007.

frustration is also associated to daily discomforts, the nature of the mission, the environment, the people. Force reductions compound these problems: the increased demand for peacekeepers coupled with the reduced supply of available personnel combine to increase the tempo of operations, with all the problems prolonged exposures to operational and psychological demands have on them and their immediate families.

Table 1 lists some of the likely stress producing aspects of peace operations involving conflict.

Table 1: ***Stress-Producing Aspects of Peace Operations (involving conflict)*** [37]

- Operational purpose or mission often not clear - when and how forcefully to fight.
- Restriction on fire-power and force ratio to prevent destroying the civilian countryside.
- Frustration over not finding the enemy.
- Likely to be gruelling operations.
- Living off the land.
- Living and fighting in unfamiliar country.
- Police duties or combat in urban terrain.
- Living and fighting without typical support and "creature comforts".
- Contrast between support troops living in comparative luxury while combat soldiers live more austerely
- Long periods of hard marching without making contact with the enemy
- Continuing conflict with slow progress
- Taking, then abandoning, then retaking the same terrain, with casualties each time.
- Unsure of when, where and how the attack is coming.
- Unable to decisively engage the enemy.
- Tendency to develop "bunker mentality" and lose vigilance.
- Lack of confidence in fighting on enemy soil.
- Waiting extended periods for enemy contact; boredom from lack of activity.
- Rules of engagement may prohibit firing until fired upon.
- Being ambassadors versus warriors.
- Developing a sense of superiority to local citizens of less developed countries.
- Low esteem for locals.
- Availability of illegal drugs and alcohol creates temptation.

There is definitely a cost to peace operations - a cost that has not yet been measured effectively. Moreover, we argue that, to date, only a few scientists have been interested professionally in getting to the core of the matter. "What was not fully realized until the late 1990s is the particular trauma of the peacekeeper who must witness the worst suffering and inhumanities of our time." [38] The trauma of witnessing horrors is often heightened by a sense of helplessness, a feeling that is most important in the case of support trades where job performance is not necessarily as rewarding as the operators'. In this

[37] Headquarters. Department of the Army. Field Manual No. 22-51 (FM 22-51). *Leaders' Manual for Combat Stress Control: Booklet 1*, Washington, DC. Chapter 9 [http://www.vnh.org FM22-51/09FM2251.html]

[38] The National Online. *The Unseen Scars: Post-Traumatic Stress Disorder*. 25 November 1998. Brian Stewart interviews Vice-Admiral G. Garnett and Jacques Gouws, psychologist. [http://www.cbc.ca]

context, support personnel might be the forgotten ones; when they return home, the nature and extent of their contribution to the overall mission might be marred by the apparent lack of significance of their personal contribution. To be sure, to gruesome tasks such as body recovery and identification is associated the highest levels of PTSD outcomes. [39]

On the one hand, warriors for peace have to respond to life-threatening events or circumstances: they are mediators in conflict between warring factions; they are called on to disarm belligerents; and they are targeted by snipers or subjected to terrorist action while patrolling dangerous areas or delivering humanitarian assistance. Yet, they are expected to remain objective, neutral and minimize the use of force. On the other hand, soldier-diplomats are often prohibited from using force. They also have to maintain an impartial and non-partisan presence; their situation might at times be untenable, faced as they are to the dissonance between the extent of their personal sacrifices and their limited impact on the relief effort. [40] All must learn to operate in an environment where their actions might have strategic consequences. This environment calls for highly adaptive soldiers who must learn to cope with a variety of barriers, operational, environmental, social, cultural and psychological - soldiers who will learn that an abnormal reaction to an abnormal situation may be normal behavior. It is said that in the post-Cold war era, modern peacekeeping missions are probably best served by soldiers who "can be compassionate human beings as well as efficient fighters." (unknown) There are also those, UNMOs as per example, who participate in or witness acts of excessively brutal violence. Isolated by the nature of their mission, they might be at even greater risks of developing severe intractable symptoms of PTSD.

On a different plane, both the soldier-diplomats in the service of peace and the warriors for peace are worried about the welfare of their spouse and family members at home. At a minimum, peacekeepers must tolerate an extended and emotionally painful separation from loved ones (chronic/contextual stressors). According to Lamerson and Kelloway, when this sacrifice cannot be offset be meaningful daily work activities and a belief in the importance of the mission, increasing frustration, bitterness and depression can result. Paul T. Bartone attempted to define pre-deployment and deployment stressors for the peacekeepers involved with the Intervention Force (IFOR) in the former Yugoslavia; a summary is provided at Annex B.

We submit that the nature of the stress associated with modern peace operations, while differing in intensity, is akin to the combat stress experienced by soldiers during the major conflicts of the 20th Century. The often appalling conditions encountered have the potential to debilitate soldiers. They impact families in profound ways as well.

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[39] Jessica Wolfe. "The Persian Gulf War: New Findings on Traumatic Exposure and Stress." *PTSD Research Quarterly*, Winter 1996, Vol. 7, No. 1, p. 1.

[40] Paul T. Bartone. " American IFOR Experience: Psychological Stressors in the Early Deployment Period." *Proceedings of the 32nd International Applied Military Psychology Symposium*. Brussels, Belgium, p. 5.

3. ***The costs of PTSD***

a. ***On the peacekeeper***.

> There are foods I can't eat anymore. Grilled chicken; can't eat it, looks like a dead body. There are vehicles that I see, like rusted out vehicles -- I can't go near them . . . Children, I
> have a hell of a time -- all the time looking at kids. Especially new-borns, because they were a plaything for the Hutus. They really liked killing kids.[41]
>
> **Cpl Chris Cassavoy**
> On Rwanda - UNAMIR

In general terms, anger and rage help soldiers face emotionally charged situations under difficult conditions. These same tools make for an explosive combination when a peacekeeper is angered with her feelings of helplessness or weakness. She will often deny internal pain by not getting close enough to feel anything. As for the case of soldiers returning from Vietnam, when the peacekeeper returns to civilian life, the society that has sent them to fight on its behalf might find them to be socially "misfit" when they return.[42] There is no real efficient way of coping with the psychological stresses brought about by the appalling conditions encountered on the peace-field.

The essential injuries caused by peace operations induced PTSD, as for combat PTSD, are moral and social. We argue that being fired at, witnessing the mutilations of bodies, being held hostage, constitute a mixture of aversive emotions comparable to those experienced in combat. Psychologically, peace operations may cause wounds to the soldier-diplomats in much the same way as war does.

Sometimes, I wished I'd loose a leg instead

b. ***On the families of peacekeepers***.

Secondary traumatization or the impact PTSD sufferers may have on their family is a relatively new area of research that needs to be pursued actively.

In a very real sense, the families of peacekeepers are themselves experiencing the problems associated to the deployments, much as for the families of returning POWs. [45] Peacekeepers suffering from PTSD often find themselves helpless to do anything to help their loved ones, and they perceive themselves enmeshed in a hopeless situation. Family roles become rigid, and it is difficult for anyone to adjust smoothly to the circumstances brought about by PTSD. Confusion prevails. Sometimes, family members are angry or distant toward the veteran; they too avoid activities or people, become isolated, and they feel frightened or betrayed by the spouse despite feeling love and concern for him. [46]

In close contact with the victim, spouses [47] are exposed to their emotional and physical reactions and may suffer from what is referred to as compassion fatigue or secondary PTSD (both are forms of secondary traumatization). As per example, studies conducted by the Salt Lake City Police Department, Utah, propose that family members who lived with policemen suffering from PTSD "were experiencing many symptoms of a stress disorder, and were headed toward potentially serious psychological difficulties." [48] Under these conditions, spouses become overworked managers, experiencing a great deal of pain, fear, anger, depression, sexual dysfunction, lack of emotional intimacy, substance abuse and domestic violence. [49] It is essential that they receive adequate support and treatment. Wives think it is their job to support their husband. Unfortunately, they often believe they are not entitled to the same type of assistance their husbands are receiving.

Similarly, children are often the most susceptible to the stress created because they usually have not developed the skills necessary to verbalize their feelings. They often show signs of aggressiveness, experience developmental difficulties, impaired social relationships and symptoms mirroring those of the veteran. [50]

IV REDUCING PTSD OUTCOMES IN PEACE OPERATIONS - THE ROLE OF THE

[45] For more details on the studies concerning POWs and their families, see Edna J. Hunter. "Prisoners of War: Readjustment and Rehabilitation." in David A. Mangelsdorff and Reuven Gal (Eds.). *Handbook of Military Psychology.* London: John Wiley, 1991.

[46] " PTSD and Relationships." pp. 1-2.

[47] The term "spouse" within this section refers to women solely. We suggest, however, that in the case of female peacekeepers suffering from PTSD returning to the family unit, the impact on the male spouse would likely be similar to the one described here.

[48] Mark Zelig. "Families as Victims in Post-Incident Trauma." *The Police Chief*. October 1998, p. 124.

[49] Briana S. Nelson and David W. Wright. "Understanding and Treating Post-Traumatic Stress Disorder Symptoms in Female Partners of Veterans with PTSD." *The Journal of Marital and Family Therapy*. October 1996, Vol. 22, No. 4, p. 455.

[50] B. Jordan et al. "Problems in Families of Male Vietnam Veterans with Posttraumatic Stress Disorder." *Journal of Consulting and Clinical Psychology*. December, 1992, Vol. 60, No. 6, p. 917.

OPERATIONAL LEVEL COMMANDER

The commander has the responsibility to prepare the soldiers prior to their deployment, to provide them with psychological support while deployed in the theatre of operation and support and care for them when they return home. Building confidence in the leaders at all levels early in the process is deemed essential in any stress reduction program.

1. Pre-deployment and deployment considerations

As Michael Gurstein suggests, "in the more field-oriented environment of a peacekeeping mission, there is the continuing need for leaders who have a concern for and are effective in human relations." [51]

At the operational level, the objective is to reduce the number of soldiers who may suffer from PTSD. To this end, the process of reducing PTSD outcomes starts during the pre-deployment phase. Commanders at all levels ought to be concerned by the whole spectrum, by mild stress reactions all the way through PTSD. The earlier they intervene, the better are their chances to prevent CSR type reactions, PTSD outcomes and the associated secondary traumatization of immediate family members. They must concentrate their combined effort on instilling in the soldiers a strong identity with a solid belief in the mission and their role within it. To be sure, clarifying the mission, the relevant operating guidelines and the role of the individuals within the mission are important considerations in the reduction of stress caused by role stressors. The pre-deployment stage in particular constitutes an investment upon which the chain of command can build as the mission evolves. The power of the unknown undermines the soldiers' will. The lack of knowledge as to what is happening to one's own troops and the belligerents can lead to rumours and uncertainty. From the onset, inspired, compassionate leadership and firm discipline are required to minimize "misconduct stress behaviours." Caring for the unit members is a plausible moderator of PTSD before and during deployment, as are active steps taken to counteract prejudices, disrespect and mistrust about the competence and reliability of other partners of a coalition.

At this stage in the mission, the operational level commander is responsible to create a supportive and moral military context within which the mission can evolve. He/she needs to sell his/her ideas at the strategic level in an attempt to get all nations to sign on to the stress prevention and treatment programs sponsored by the UN and other international bodies. The commander has no real means by which to influence directly the actions of the forces under his command in his attempt to establish such a program. These actions and considerations, in the main, are the responsibility of national command authorities. All he may be able to do is attempt to influence the outcome through rationalization and logic.

[51] Michel Gurstein. "Leadership in the Peacekeeping Army of the Future." In James G. Hunt, George E. Dodge and Leonard Wong (Eds.) *Out-of-the-Box Leadership: Transforming the Twenty-First Century Army and Other Top-Performing Organizations*. Jai Press Inc. 1999, p. 205

Even within his own command, the senior officers on his staff, and for that matter, his subordinate commanders, may have a broad range of interpretation in terms of cultural contexts and practices. Notwithstanding, he definitely has to attempt to reconcile the differences in approach, wherever and whenever he can. The importance of his/her influence cannot be overstated. He/she has a definite impact on stress prevention and his/her ability to induce trust in his/her soldiers is crucial. But he will have to be innovative in his attempts to instigate that trust.

During the actual mission, stress control demands that relevant doctrinal material be incorporated in the training programs of all contingents and services. The operational level commander has to provide the psychological support of a strong moral context to his troops if they are to avoid psychological injury during the deployment. For example, she will want to undertake actions that will minimize the appearance of double standards. He will also enhance unit cohesiveness by providing units with clearly defined mission statements and explicit expectations with respect to the Rules of Engagement. He will also foster confidence by reducing levels of close supervision where possible. Realistic training will augment one's trust in his own skills and reduce the level of anxiety before and during the deployment. While security may place certain limitations on the amount of information that can be shared, whenever possible, the commander and his staff must pursue every attempt to keep their soldiers in the picture. In summary, the environment must be as familiar as possible to the soldier; he/she must feel comfortable that the mission is a worthwhile one.

During the chaos of the operations, the commander's behaviour strengthens or weakens the soldiers' confidence in themselves. Lamerson and Kelloway argue in their findings that the stressors that are controllable by the organization, and especially by the chain of command, exert a stronger effect on performance and attitudes than do the uncontrollable stressors such as the ones experienced during psychologically exacting operations. [52] As the gate-keepers responsible for the conservation of the manpower assigned to them, commanders are expected to show what is right. [53] In so doing, they contribute to making the circumstantial stressors of peace operations less traumatic. The following is a series of tools and means a commander and his staff may consider using in their attempt to reduce stress casualties during the first two phases of a peace operation (pre-deployment and deployment).

- The establishment of effective means of communications within the formation/coalition to secure the passage of honest, accurate and timely information to the peacekeepers and their families.
- Establishing education programs with emphasis on understanding the Host Nation local culture, values, practices and various pressure points affecting people
- The development and publication of pragmatic policies across the coalition.
- The provision of a solid support structure for stress control and monitoring to include the deployment of multidisciplinary stress control units.

[52] Lamerson and Kelloway, p. 200.

[53] Noy, p. 521.

- Integrate all elements of the coalition in an effort to avoid the isolation and/or ostracization of specific components such as support troops and UNMO personnel.
- Conduct tough and realistic training.
- Ensuring acclimatization of troops.
- The establishment of effective means of communications between the peacekeepers and their families.
- The scheduling of relevant training during less demanding periods.
- The provision of meaningful activities for periods of relaxation.
- The improvement of living conditions.
- Not overreacting to temporary stress reactions (i.e. the careful identification of trends instead of ad hoc reactions)

The media also presents the operational level commander with valuable means by which to promote unity of effort within the coalition. Thoughtfully incorporated in the planning process, the media can actually contribute to reducing the impact of contextual and role stressors. More specifically, as suggested in Chapter 9 of FM 22-51, they could be effective in

- Assessing information needs
- Formulating messages
- Facilitating the flow of information
- Providing communications channels
- Serving as the primary interface between the military and the civilian media
- **Reducing the soldiers' sense of isolation by:**
  - **Reinforcing the role each soldier plays in operations**
  - **Ensuring information flows in and out of the theatre**
  - **Telling the mission story to the public in order to maintain support for the effort and the soldiers.** [54]

It is argued that the control and monitoring of stress is clearly a command responsibility. Chapter 1 of FM 22-51 expands on and discusses the responsibilities a commander has towards his troops in terms of mission stress control; they are summarized at Table 2.

Table 2: ***Senior leaders' responsibilities towards the reduction of stress in peace operations*** [55]

• Be competent • Plan to accomplish the mission with as few losses as possible • Set the policy and command climate for stress control, especially to build teams with unit cohesion • Serve as an ethical role model • Make the "bureaucracy" work for the troops • Assure resources to take care of the troops • Plan for and conduct though, realistic training to include live firing • Provide as much information as possible to the troops

[54] FM-22-51, Chater 9, p. 2.

[55] Headquarters. Department of the Army. Field Manual No. 22-51 (FM 22-51). *Leaders' Manual for Combat Stress Control*, Washington, DC. Chapter 1, p. 9 [http://www.vnh.org/FM22-51/09FM2251.html]

- Assure that medical and mental health/stress control personnel are assigned and trained with their supported units
- Plan for stress control in all operations
- Provide the junior leaders and NCOs with the necessary guidance
- Ensure risk assessments are conducted prior to all training and operations
- Be visible
- Lead all stress control measures by good examples
- Maintain the high standards of international law (by positive leadership and discipline)

2. Post-deployment considerations

In most cases, the operational level commander's post-deployment responsibilities are likely to be more limited as he may no longer be in a position to exercise his influence on his subordinates and the national programs they may be subjected to. The responsibility for follow-up passes over to the respective national commanders at the operational/tactical level. These authorities must secure follow-up action through the establishment of effective support centres sensitive to the special needs of the returning peacekeepers and their immediate families.

Finally, throughout the operation, the commander has to consider his own psychological well-being as well as that of his staff.

3. Some constraints

Because of the United Nations context, there might be exceptional limitations put on the capacity of the commander to respond to the needs of his troops in view of the particular nature of the UN administrative environment. [56]

In the context of a coalition, the impact the operational level commander may have on the stress control and monitoring program is likely to be constrained by factors beyond his control as well. His influence might only be felt once the troops reach the theatre of operations. It is unlikely that he or she will have contributed to the preconditioning process of the soldiers to the potential rigours of the mission. In some cases, this process may have been considered irrelevant by the national authorities concerned. In others, the decisions and limitations for human resources support are already built in and decided at the strategic level. The operational commander must attempt to influence these decisions at this stage; otherwise, it might prove impossible to do so later on in the process as nations tend to be very protective of their prerogatives. In fact, when the troops reach the theatre of operations, the commander and his staff are likely to be severely restricted in their attempts to influence specific national policies and what may amount to cultural biases and beliefs.

Notwithstanding, an effective PTSD prevention program should remain a combined and joint venture that involves all contingents. Such a program needs be implemented by the command authorities and supported by an effective multidisciplinary team of experts. This team ought to include social

workers, psychologists, psychiatrists, chaplains and a multitude of health care providers, such as the ones forming the Critical Incident Stress Debriefing teams that now reinforce Canadian contingents deployed in harms way. However, for factors beyond the control of the commander, there will exist matter-of-fact reasons why a contingent may choose to go its own way with regards to this type of program, among others.

On occasion, the operational level commander may involve his staff in assisting contingents less aware or culturally disinclined in putting together an effective stress control or community mental health/social services system. To be sure, the operational level commander will have to insist on including experts on psychological issues as part of her staff. Realistically, it is likely that she may have to rely on her own national resources for the provision of the nucleus of these resources. Early on in the mission, he may want to engage data -gathering and monitoring tools to assist him with his particular situation. Having a social and behavioral science advisor on staff or having independent access to that type of service is deemed essential to the reduction of PTSD outcomes.

Other types of constraints may limit the commander's ability to put together an effective stress control program. Firstly, PTSD is partly the result of pre-dispositions to stress disorders, to previous trauma unrelated to the operational environment. Therefore, support from the operational commander on down may not be enough to prevent PTSD or more serious stress reactions. Secondly, studies on the psychological demands of peace operations remain scarce and of little use to operators. In one of these studies, Tzvetanka Dobreva-Martinova and Gillian Little explored the stressors to which Canadian peacekeepers were subjected as members of the Sustainment Force (SFOR) in Bosnia. [57] The conclusions of their report attest to the fact that this particular field of research ought to be expanded with further studies sponsored to widen the understanding of the psychological impact repeated exposures to the spectrum of peace operations may have on peacekeepers. This particular study could be misleading, particularly to the neophyte, as the authors do not clearly establish that they looked at but a minute portion of the spectrum of peace operations within which our soldiers are called upon to serve. They do not recognize that many peacekeepers are in fact experiencing severe adjustment difficulties, much like the ones associated with traditional war zone exposures.

4. The social contract

> The returned soldier come [may] come back not a strong hero, but physically and psychologically depleted. For what he has given out, he must receive back from others, now, at home: yet, how can he collect it. [58]

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[56] Gurstein, p. 206.

[57] Tzvetanka Dobreva-Martinova and Gillian Little *Stress in Military Service - Recent Reports from Canadian Peacekeeping Forces*. Conference paper presented to the 60th Annual Convention of the Canadian Psychological Association, Halifax, 19-23 May 1999, p. 4.

[58] Roy GRINKER, and John P. Spiegel. *Men Under Stress.* New York, McGraw-Hill Book Company, 1963, p. 449.

Despite the traumatic experiences our soldiers may be subjected to when engaged in a variety of operations on the peace-field, all will hold d true to their part of the social contract as it is their duty to do. Can the same be said of the other parties to the contract ?

A social contract is defined as an agreement by which human beings are said to have abandoned the state of nature in order to form the society in which they now live. [59] - The terms of the contract that is said to cement the CF and government are unwritten. Nevertheless, as General Baril argues, they must be right and must be perceived to be "as real as legislation " [60]

Peacekeepers deploy in harm's way, at a moment's notice, often in dangerous conditions and difficult circumstances. They must have peace of mind when they leave the country. If a society chooses to send its soldiers to a theatre of operations that may affect them profoundly, then, as suggested by Lieutenant-Colonel Dave Grossman, "that society has an obligation to deal forthrightly, intelligently, and morally with the psychological event and its repercussions upon the soldier and the society." [61]

> Until we end wars, we will need soldiers to do the military work of collective security that allows the establishment of peace. Peacekeeping and peacemaking will require soldiers. In the face of this necessity, we must protect these soldiers with every strength we have, and honour and care for them when inevitably they are injured by their service. [62]

That caring, we argue, extends to the well-being of the families that constitute the last line of defence for peacekeepers suffering from PTSD. Not only do affected families deserve our assistance and care; we owe that much to them, professionally and morally.

CONCLUSION

The traumatic and often catastrophic circumstances the soldiers are subjected to and witness leave indelible marks on them, both physically and psychologically. Social scientists and military leaders are starting to recognize the rigorous demands made by peace operations and the fact that they may exact a toll on the soldiers and their families. A clear understanding of the sources of psychological stress at various phases in peacekeeping operations is necessary in order to counter the associated stressors

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[59] [http://www.encyclopedia.com./articles12030.html] Political philosophers like Hobbes, LOCKE, and ROUSSEAU each developed differing versions of the social contract, but they all agreed that certain freedoms had been surrendered for society's protection and that, in return, governments have definite responsibilities to its citizens and soldiers.

[60] M. Baril (General), Chief of Defence Staff, in an address to the Annual General Meeting of the Conference of Defence Association, 30 Jan 1998, p. 3. [http://www.dnd.ca/eng/archive/speeches/CDSCPA_s_e.htm]

[61] Dave Grosman. *On killing: the psychological cost of learning to kill in war and society*. Boston, Little, Brown, 1995, p. 284.

[62] Shay, p. 209.

effectively. Armed with this information, military leaders can readily identify potential morale and mental health problems and take timely corrective action.

The reduction of PTSD outcomes will be seen by most as a national responsibility. Nevertheless, the operational level commander can and must influence the stress control programs at the strategic level and the level of the coalition in order to secure the effective integration of the various elements of his force and minimize ostracization. Generally, the operational level commander has the following ways or mechanisms by which he/she can provide either direct support or influence such support:

- pre-deployment selection;
- pre-deployment training and education;
- in-theatre support structure development;
- in-theatre psychological support (e.g. CSR, CISD debriefings);
- post-deployment CISD debriefings;
- post-deployment follow-up; and
- treatment, but only for his/her own national contingent

The commander's influence in the coalition stress control program need be exercised up and down the chain of command; the well-being of the troops will demand that it be exercised extensively "sideways" as well. Eventhough he/she may not have access to all the tools he/she may require, the commander is the one who is responsible to reduce the impact the contradictory demands and invisible scars of the peace-field will leave on his/her peacekeepers. Stress control is an issue that falls under the responsibility of field operators. Specialists are needed but in support and advisory roles. Given the increasing role of peacekeepers and the radical changes in the nature of peacekeeping assignments, we suggest that further research on the model proposed by Lamerson and Kelloway and its implications is not only warranted but overdue. As a minimum, psychologists have to become a familiar sight in the military - especially during operational deployments.

A plausible outcome of the peacekeepers' stress experiences is a decline in the quality of marital and other family interactions. Unfortunately, the soldiers' unlimited liability has not yet found its match in the social contract that ties them to the nation. The CF must take the lead now if they are to be true to their soldiers - a responsibility that includes the treatment of the families of the peacekeepers who are experiencing psychological difficulties following an operational deployment.

The Department of National Defence and the CF have the opportunity to lead in an area of importance to the wellbeing of their soldiers. In terms of commitment, a relatively small investment may bring substantial dividends and enhance our credibility in a field we could easily lead.

ANNEX A
SUMMARY OF THE OFFICIAL DIAGNOSTIC CRITERIA FOR PTSD [63]

In essence, Dr. Jonathan Shay explains that the American Psychiatric Association confirms that PTSD is usually associated to persons who experienced an event that is outside the range of usual experience, an event that would be markedly distressing to almost anyone. The following constitutes a summary of the diagnostic criteria for PTSD as recognised by the American Psychiatric Association:

1. The association establishes that the traumatic event is persistently reexperienced in at least one of the following ways:

- Recurrent and intrusive distressing recollections of the event
- Recurrent distressing dreams of the event
- Sudden acting or feeling as if the traumatic event were recurring
- Intense psychological distress at exposure to events that symbolize or resemble an aspect of the traumatic event, including anniversaries of the trauma

2. Persistent avoidance of stimuli associated with the trauma or numbing of general responsiveness as indicated in at least three of the following:

- Efforts to avoid thoughts or feelings associated with the trauma
- Efforts to avoid activities or situations that arouse recollections of the trauma
- Inability to recall an important aspect of the trauma
- Markedly diminished interest in significant activities
- Feeling of detachment or estrangement from others
- Restricted range of affect, e.g., unable to have loving feelings
- Sense of a foreshortened future, e.g., does not expect to have a career, marriage, or children, or a long life

3. Persistent symptoms of increased arousal as indicated by at least two of the following:

- Difficulty falling or staying asleep
- Irritability or outbursts of anger
- Difficulty concentrating
- Hyper vigilance
- Exaggerated startle response
- Physiologic reactivity upon exposure to events that symbolize or resemble an aspect of the traumatic event e.g., a woman who was raped in an elevator breaks out in a sweat when entering any elevator

4. Duration of the disturbance (symptoms 1,2, and 3) of at least one month

[63] Shay, p. 166-167.

ANNEX B
PEACEKEEPING OPERATIONS [64]

PRE DEPLOYMENT STRESSORS

The top 10 stressors in the pre-deployment phase, as suggested by Bartone, are listed here. They are represented by a percent of respondents (N=3,036). The tables report medium to very high level of trouble or concern with the issue.

Completing personal business before deploying ***63 %***
Loss of educational opportunities ***60%***
Preparing my family for my deployment ***59%***
Being separated from family and friends ***57 %***
Concern whether rear detachment will care for the family ***49%***
Lack of job advancement opportunities ***46%***
Financial problems ***43%***
Problems with unit leaders ***42%***
Problems getting needed services from the Army ***40%***
Family duties and responsibilities ***40%***

EARLY DEPLOYMENT STRESSORS
(first months in Bosnia)

Heavy workload, long hours
Crowded and confined living quarters
Poor sanitation of latrines and living areas
Cold, harsh weather
Frequent and lengthy meetings/briefings
Family separation
Isolation (more acute for attached personnel)
Mission ambiguity and uncertainty
Poor communication, flow of information
“Micro-management” of junior leaders
Sleep loss
Lack of physical exercises
Little recognition

[64] Bartone, p. 1-2

ANNEX C
PTSD SYMPTOMATOLOGY - NOTED EFFECTS ON RELATIONSHIPS [65]

- Loss of interest in social or sexual activities, feeling distant from others and feeling emotionally numb. Partners, friends, or family members may feel hurt, alienated, or discouraged, and then become angry or distant toward the veteran.

- Inability of the veteran to relax, socialize or be intimate without being tense or demanding may cause others to feel pressured, tense and controlled as a result.

- Sleep disturbances prevent the veteran and the partner from sleeping restfully, and may make sleeping together difficult.

- The veteran's trauma reminders, or flashbacks and the attempts to prevent such memories can make living with a veteran feel like living in a war zone or living in constant threat of vague but terrible danger, usually the cause of secondary PTS.

- Reliving or avoiding trauma memories, and struggling with fear and anger, greatly interferes with the veteran's abilities to concentrate, listen carefully, and make cooperative decisions. Family members may come to feel that dialogue and teamwork are impossible.

[65] National Center for PTSD. "PTSD and Relationships." [http: // www.dartmouth.edu/dms/ptsd/ FS_Relationships.html]. 14 May 1998, pp. 2-3.

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