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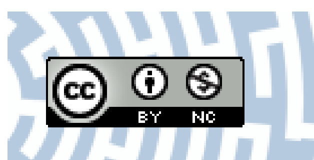

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Mission Syndrome in Soldiers Coming Back from Their Military Service in Iraq

Abstract

This article brings up the problem of trauma connected with the battle situation on the example of soldiers who are stationed on the mission in Iraq. According to the unofficial data, every second soldier coming back from the mission suffers from the so-called post traumatic stress disorder – PTSD. Its symptoms include recurrent intrusive memories of traumatic events. Practice shows that despite the fact that well-trained soldiers go to Iraq, in some cases the conditions in which they perform the military service exceed their abilities of adaptation. Examples shown in the article imply a suggestion that the future "mission soldiers" should receive long-running training, which would enable them to adapt – to the greatest possible extent – to new conditions of life connected with the change of climatic zones and also to acquire the ability to manage in repetitive stressful situations involving the threat to their health and life.

Key words: *stress, soldier, mission, trauma, Iraq, mission syndrome, mental disorders, Post Traumatic Stress Disorder.*

Participation of Polish soldiers in Iraq missions

"A couple of years ago we made a strategic decision to join NATO, which has become our safety pillar and thus now we have to follow consistently where the Treaty's needs call." (S. Cznur 2006).

While making the decision to send Polish soldiers to Iraq, nobody realised that some of them would come back suffering from the traumatic stress syndrome. More

and more Polish soldiers who return from Iraq have serious problems. They also affect their families and include mental illnesses, alcohol and drug abuse, violence at home (PAP 2006). General Mirosław Bieniek, the commander of the second shift, reported nervous breakdown of a few soldiers who witnessed the death of 30 Iraqi men during the intervention in Karbala. According to experts, after such an experience as the one in Iraq, nobody stays unaffected. A soldier who comes back from Iraq will constantly talk about his emotions and things he came through during the mission, whereas his family have their own problems connected with the absence of a close person, fear and stress.

The image of a Polish officer serving on missions

According to the sociologists from prof. Jan Maciejewski's team, a Polish soldier serving on a mission is about 30 years old, is married and quite well-off. He decides to go on the mission for financial reasons, yet he also treats this mission as a chance of professional development (B. Politowski, 2004 pp. 4–5). The researchers from the Institute of Sociology at Wrocław University working under the management of prof. Wojciech Sitko had to investigate what motivation, experiences or even emotions the Polish Army officers – participants in foreign mission – had. The research covered 700 officers from various units and military institutions in many garrisons. About 70% of the mission participants complained about difficulties connected with living in a totally different climatic zone. A relatively low percentage of them were afraid of losing their health and life. This proves their high morale, good training and preparation for military profession. Nevertheless, they return home. Every seventeenth officer (5.9 per cent) had to leave the mission earlier, every second of them declared that it was connected with family problems (B. Politowski 2007, pp. 4–5). Was the earlier return of the others caused by PTSD?

Soldiers' reaction to traumatic situations: post-traumatic stress disorder (PTSD), combat exhaustion, combat stress reaction (CSR)

Human reactions to extreme traumatic situations can cause deep and permanent changes in both psychical and physical functioning. The analysis of this phenomenon allows one to put forward a thesis that stress has a huge influence on human behaviour, not only at the moment it occurs, but also many years later (F. Potracki 2004). The introduction to the classification of mental disorders of a new disease

unit – the Post Traumatic Stress Disorder (PTSD) (disorders suffered from after experiencing traumatic stress) was in the United States in the 80s a crucial and surely new insight into the consequences of extreme traumatic experiences. One reason for the introduction of PTSD diagnosis to the American classification were the difficulties connected with the adaptation of Vietnam veterans to their civil lives and their re-assimilation with society (J. Heitzman 2002, p. 24). PTSD – the traumatic stress syndrome includes mental disorders occurring after a rape, assault, front fight, transport disaster, staying in concentration camps, terrorism and other extreme situations. According to the American Psychiatric Society PTSD, is connected with a life threat and accompanying helplessness. It also applies to constant trauma reconstructions, which lead to insomnia or nightmares connected with this trauma, remembering and pondering over it, persistent avoidance of memories and situations which are associated with the traumatic event and a decrease in general livelihood, which involves feelings and thoughts connected with the trauma. A frequently occurring symptom of PTSD is strong tension which is brought back by every memory of the event, object or sound which may be associated with it. It may lead to one reliving another trauma and having the impression that this event is taking place again (P. Krukow, A. Lipczyński 2006). Since WWII a term combat exhaustion has been used in psychology. It is caused by such elements as long physical effort, battleground scenery, long physical tension, lack of rest, incapability of physical or psychical recovery, fear of death, injury or disability (F. Potracki, 2004). Combat exhaustion symptoms were observed by soldiers regardless of whether the troops achieved a success or experienced a disaster. No matter whether soldiers fought 30 years ago or now, no matter what technology the army had or has or will have, a soldier is still exposed to the same dangers in war operations. He is still threatened with death, he can still be a witness of his mates – other soldiers' death. Taking into account the fact that a soldier was residing in such conditions for a long time, there was talk about psychical losses after WWII. Nowadays it is called combat stress reactions (CSR). It constitutes "the total of disadvantageous psychical results of long-lasting participation in fight, occurring in three spheres: somatic, mental and behavioural leading to a significant lowering or even a loss of ability to act and causing exclusion of soldiers from the war" (F. Potracki 2004).

Characteristic behaviours of soldiers coming back from missions

Every human has their own stress resistance, individual psychical tolerance, their own defensive mechanism, everyone has their own limited threshold of psychical

capabilities. If a body makes out and estimates personal danger as too high, the resistance will be disordered, our defensive mechanisms will be disorganized and later help will be necessary. The images of destruction, the injured, the remains of killed people, the ubiquitous feeling of danger – all these are common images for some of the soldiers taking part in peace missions. Dealing with death leaves a mark on their psyche. Depressing memories, nightmares, the feeling of fear and anxiety, even after returning home, may accompany them for years or even for all their lives. They can also occur after one, ten or even twenty years.

Polish soldiers injured during the mission are treated in the Army Medical Institute in Warsaw. They have various injuries such as gunshot wounds, burns and also mental disorders caused by war stress. The most common diagnosis is PTSD (R. Krzyszkowska 2007). Disorders connected with war stress are in some cases so big, that despite the treatment applied during the mission, they prevent soldiers from further fulfilment of their duty and, in the end, they have to be evacuated home. It happens regardless of whether soldiers have been prepared for every kind of mission or not, whether they have practised procedures which are effective during the real service or not, it is, however, only a simulation of situations and events that may be expected. Assistant professor Stanisław Ililnicki points out that the differences are noticeable immediately after their arrival. For example, in Iraq high temperatures and sandstorms are annoying (R. Krzyszkowska 2007). Healthy soldiers with high morale went to Iraq, yet for some of them the conditions of their service exceeded their capabilities of adaptation. In every country they go to, they have to get accustomed to being under fire, getting up in the middle of the night and hiding in shelters. Everybody is afraid, especially those who take part in patrols and convoys where most often they experience attacks from the opponents. Facing danger or death, everybody is afraid, no matter how experienced they are. It is a natural reaction. There is one more aspect of "returning from missions". A soldier who comes back injured is regarded as a hero and can feel proud because the injuries he experienced are the evidence of his devotion and courage. A soldier who comes back with mental problems is considered to be weak since a soldier cannot break down. Thus, many of them prefer to suffer alone rather than look for specialist help. Some of them look for consolation in alcohol others reach for drugs.

Only during the Iraq mission 225 soldiers returned home on their own demand (P. Glińska 2007, pp 4–5). Even though a few months have passed since their return, many of them are awoken at night by nightmares. It is hard for them to recover, to take part in everyday life. One of the patrol soldiers mentions "we were attacked near Karbala. I was shot in my thigh (…) I was stressed. My heart went to

my throat. I was afraid of death, injury (…). Nowadays my emotions are seesawing. One night I had so much aggression inside me that I wanted to destroy my room" (A. Rawski, 2006, pp. 20–22). A honker driver talks about his experience: "We fell into a mine, one person was dead. I was injured and I was severely bleeding. This hellish explosion appeared in front of me like a movie frozen image. In the evening I feel strangely nervous, I perspire excessively. I think about my colleague who I will not see again. I am tired of feeling the guilt that I didn't save him" (A. Rawski 2006, pp. 20–22). We had read such descriptions but in accounts of American soldiers coming back from Vietnam or Korea. This time, however, these are the words of Polish soldiers serving in Iraq, who have been diagnosed with battlefield stress.

It is hard to exactly define the number of emotionally affected soldiers since, whereas mental disorders of severe ASD occur immediately and last from two to four weeks, the symptoms of the post-traumatic stress disorder (PTSD) may be an effect of ASD not subsiding and they can appear even a few months or years after experiencing such events. Army doctors do not control this phenomenon either, as soldiers are ashamed of their mental disorders, they try to avoid being treated by an army doctor and go to private clinics. Nevertheless, it is the fact, as colonel Karasek informs, that the number of soldiers emotionally injured after a mission in Iraq is growing, the evidence of which are the reports of psychologists from military units as well as the number of people calling the military helpline. In order to help the soldiers returning from Iraq, the department of defence organized, free of charge, two-week long "anti-stress" therapy sessions at military rehabilitation centres. No one, however, foresaw such a response from possible therapy participants – soldiers perceived this kind of help as a way of eliminating them from the army. They were afraid that psychologists, during the therapy, would prove that their mental health condition would exclude them from fulfilling their professional duties (A. Rawski, 2006, pp. 20–22). This fact can testify that soldiers going on missions and also officers preparing them for "all circumstances" did not foresee the threat of the PTSD phenomenon, even though it had been observed a long time ago in the United States among soldiers of the Vietnam War, who after arriving home, could not cope in their everyday life. This phenomenon called the Vietnam syndrome was a serious social problem. It has also been reflected in many movies which we could see on the screen, such as e.g. "Taxi Driver" or "Born on the Fourth of July". In the Polish army a similar phenomenon occurred and was defined as "the Balkans syndrome". It was a result of traumatic situations experienced by Polish soldiers who were fulfilling their mission in Bosnia in the 1990s. It can be, however, supposed that these previous experiences were not used by people who were dealing with mental condition of the soldiers setting off in next contingents.

Conclusions

Since January 2006, 122 soldiers and about 180 members of their families have been treated in the mental health clinics in Toruń, Grudziądz, Wałcz and Bydgoszcz. The Military Hospital in Bydgoszcz provided support for 42 soldiers and a few families. Apparently, there are situations in which commanders send their subordinates who are affected by the traumatic stress syndrome or abusing alcohol or drugs to army commissions. (PAP 2006). In military contingents more and more young inexperienced people who have to face many demanding challenges can be seen. They have to fulfil their duties in totally different conditions in terms of geography, climate and culture, where everything is unfamiliar to them. They have to meet demands and perform tasks they are given as well as protect themselves and their colleagues. Besides, they also have to overcome common human fear or even learn how to live with it. They suffer from excessive stress and often ease it with alcohol and if they manage to finish their service, after arriving home, they do not know what to do with themselves. Every second soldier, according to unofficial data, who returns home from a peace mission suffers from the so-called post-traumatic stress or PTSD. He cannot sleep, feels constant fear, has low self-esteem and difficulties with adaptation. He can neither function at home nor at work. Due to this fact, he sometimes commits suicide.

It should be taken into account that the war stigma is unavoidable, since the war itself is a constant coincidence of traumatic situations. A human can, however, be prepared to take part in the war or deal with extreme situations he can encounter. According to colonel Truszczynski, such preparation will be effective if training has the so-called stress implanting character, namely when stress elements which may be encountered in Iraq are created. Soldiers should undergo the preparation process in the climatic conditions similar to those they will have to exist in soon and they will get to know the reactions of their own body to high temperatures or low air humidity (A. Rawski 2006, pp. 20–22). Nevertheless, anxiety and fear on such missions as the one in Iraq, are a common thing and there is no training, experience or theory that could prepare a person to combat these feelings. They can only be minimised in such a way that they do not paralyse the actions and can help soldiers make reasonable decisions.

"If somebody says that he is not afraid, it means that he either cheats or reduces the fear that is inside him, he does not want to be aware of it. If a fireman during an action or a soldier in a war says that he is not afraid, it may be very dangerous as it may be a sign that he cannot look inside him or does not understand what is going on. And that is the type who is likely to break down first." (P. Bernabiuk 2007, p 5).

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