

Soldiers need help with the emotional toll of war
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By M. David Rudd

The military is a unique culture that treasures strength, resilience, courage and individual sacrifice. As the slogans "Army Strong" or the Marine Corps' "The Few. The Proud" reveal, soldiers are trained to be warriors.

The military is not a culture that embraces perceived weakness or illness; it's contrary to the notion of an effective fighting force. Perhaps that fact not only highlights the escalation in military suicides — an almost 40% increase in the Army alone from 2007 to 2009 — but the apparent ineffectiveness of traditional approaches. It's time that the Department of Defense and Army, despite their best efforts, think more creatively.

Traditional mental health approaches talk almost exclusively in the language of "illness" and "patient." Patients are seen in clinics and hospitals that are separate from the units where soldiers are housed. At the core of the problem is an almost intractable tension that has been around as long as war. Psychological wounds are seen as different from physical ones, a perception that has tragic consequences for a soldier's sense of worth.

Judging themselves

When I talk with struggling soldiers, they speak in an almost singular voice about their personal sense of failure, weakness and guilt. After all, acknowledging symptoms in the military immediately results in the soldier being identified as "different" at many unavoidable levels. These soldiers are unable to participate fully in the training activities, leaving their jobs to be picked up by others who might be just as overwhelmed.

At home, they experience more difficulty, becoming isolated and detached from spouses and children, the very support system they desperately need. Often they experience performance problems in their new assignments. All of these only confirm their underlying feelings of failure, weakness and guilt.

These problems are not new to service members. What is new today is that we've now been engaged in constant warfare for almost nine years, with the net result being that more soldiers are experiencing repeated combat deployments than almost any time in history.

Triggering suicide

At least from the science end, we have a good understanding of why people make suicide attempts or kill themselves.

First, suicide almost always occurs in the context of a diagnosable mental illness, be it depression, post-traumatic stress or substance abuse. Second, repeated deployments generate considerable stress for not only the soldier but also the family. Third, we're not

able to effectively reach those killing themselves because those at highest risk are the least likely to seek care.

In addition to the traditional approaches, we need to do some simple things that have been emphasized in recent years:

- Talk more frequently beforehand about optimal performance and resilience in combat, rather than post-trauma symptoms and mental illness afterward.
- Help soldiers construct a warrior identity that more clearly integrates the emotional consequences of killing.
- Encourage military leaders at the highest levels to talk openly about their own difficulty after combat experience, something that is already happening and is very effective at combating stigma.

The core military mission of training soldiers to have a warrior mentality will not change. But the culture can become one that acknowledges the emotional consequences of war.