UNH researcher: Gulf, Balkan wars add new dimensions to war trauma

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A new book by a University of New Hampshire researcher and Vietnam-era disabled veteran sheds new light on the long-term psychological trauma experienced by the coalition force in recent wars in the Gulf and Balkans that, when left untreated, can have deadly consequences.

In his new book "War Trauma and its Aftermath: An International Perspective on the Balkan and Gulf Wars" (University Press of America, 2012), Laurence French, senior research associate at UNH Justiceworks, and co-author Lidija Nikolic-Novakovic, a Balkan War survivor, detail how the Gulf and Balkan wars added new dimensions to the traditional definition of post-traumatic stress disorder, or PTSD, largely due to the changing dynamics of these wars. The research is so significant that the U.S. Embassy in Sarajevo has added the book to its library.

Instead of looking at PTSD traditionally as it has been narrowly defined by the Veteran's Administration – requiring that a person be in a combat situation – French found that traumatic stress should be redefined as being on a continuum, with PTSD at the end of the continuum and applied to a wider range of military forces as well as civilians.

This continuum begins with the inability to make an automatic adjustment to a new situation, which creates an adjustment disorder. Residual clinical issues remain if the adjustment disorder is not remedied and can lead to PTSD. There is no single cure for post-traumatic stress disorder. Symptoms include insidious depression, panic and anxiety disorders, and brief psychotic breaks.

"By focusing on only a narrow definition of PTSD, the Veteran's Administration was excluding a lot of people," French says. "Unresolved traumatic stress, regardless of where it falls on the continuum, can result in suicide."

War trauma has long been associated with PTSD, a term coined in 1980 to explain the post-war impact on Vietnam veterans. However, during the Gulf wars, rapid deployments, sexual assaults, and suicides surfaced as paramount untreated problems within the coalition force.

These wars involved the unprecedented use of reserve and National Guard personnel in U.S. forces, along with the largest contingent of female military personnel to date. For many of these soldiers, they were unprepared psychologically for what they experienced, French says.

He explains that the Gulf and Balkan wars involved many soldiers who did not have a combat Military Occupational Specialty but who were repeatedly targeted by the enemy. National Guard troops trained to work with artillery supplies and transportation systems suddenly found themselves under constant attack by suicide bombers and roadside bombings, forcing them to be hyper vigilant for these attacks.

"These were the people who were targeted by the IEDs so you had this anticipation of 'when am I going to get blown up' or when will someone in the convoy get blown up. The body doesn't recover from that because you have that constant hyper vigilance. And then with the rapid redeployment, they never have a chance to work this through," French says.

In contrast, people in a clear combat situation would experience trauma similar to the victim of an earthquake or a single-event situation. French explains that these soldiers may experience acute stress disorder and have a better chance of recovering from it, thus avoiding the longer-term

impact of PTSD.

"It is devastating, and they have to go through an adjustment, but it isn't as devastating as this subtle process of never knowing what is going to happen. They never divorce themselves from that psychologically. That is the new dimensions of post-traumatic stress disorder," French says.

In addition, before the Gulf and Balkan wars, never before had soldier-on-soldier sexual harassment and sexual assault been so prevalent, French says, adding a new dimension to war trauma experienced primarily by women soldiers. "When the women complained about the sexual abuse, they were made to feel even worse than before. They experienced a silent treatment. This can lead to refractory depression, which the outcome can be suicide," French says.

With the Balkan War -- the worst war in Europe since World War II -- the people who experienced the 44-month siege of Sarajevo and NATO bombing, indiscriminate killing of civilians, incarceration, torture, and rape never had a chance to recover from it, French says.

"You have this unresolved trauma because they didn't have the money for treatment," French says.

To make matters worse, the victims of the Balkan War now are experiencing secondary PTSD – the children of the people who never received treatment for PTSD are now taking on the symptoms of their parents and have to be hyper vigilant about the thousands of live landmines left behind, he says.

A sociologist, criminologist, and psychologist, French has worked with traumatic stress clients for more than 40 years. He previously served in the U.S. Marine Corps from 1959 to 1965. He holds Ph.D.s in sociology (social disorganization/social psychology) from UNH and in cultural

psychology (educational psychology and measurement) from the University of Nebraska-Lincoln. He is a native of Suncook, N.H.

Provided by University of New Hampshire

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