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War Veterans, PTSD And The Media

Kelly Kennedy is a journalist and writer for the *Army Times* who in 2007 was embedded with an infantry company in Iraq who were hit multiple times on patrol by roadside bombs, losing 14 men and leaving the others with memories of the carnage and horror. The platoon she was with drew national attention when they refused to go out again after their second Bradley was hit. I spoke with Kennedy, a Carter Center Fellow in Journalism, about a conference just held that she attended (I did not) about veterans and the media put on by the Center in conjunction with Columbia University School of Journalism.

The Carter Center identifies itself as "*Waging Peace, Fighting Disease, Building Hope*" and has pursued this mission with extraordinary passion and compassion since it was founded by President and Mrs. Carter almost 30 years ago. This particular conference gathered journalists, veterans and mental health experts to examine the psychological impact of war on soldiers (and their families) and how the media can accurately and responsibly portray the experience of war on those exposed to its searing and tenacious effects. We know now how pervasive the "invisible wounds" of war have become, as they manifest as PTSD and a variety of other mental conditions, and which today account for hundreds of thousands of veterans with serious mental disorders returning from Afghanistan and Iraq (perhaps an equal number also suffer from traumatic brain injury or TBI where the brain has been injured by direct impact or blast forces), And not all will survive since suicide after deployment has grown by 26 percent among 18-29 year old men from 2005-2007, according to recent data from the VA. Moreover, what we learn about war trauma will be invaluable for those many others whose lives have been impacted by trauma, such as abused children, victims of domestic violence, and of course victims of disaster. How should this massive public (mental) health problem be communicated to citizens, policy makers, clinicians and government officials?

We will need to communicate that great numbers of our troops will come home with invisible wounds that will surface in time as psychological and social problems, including abuse of alcohol or drugs: *likely one in three of those deployed*. Each one of these veterans has a family that multiplies several fold the impact, without considering friends and co-workers. Is one in three high -- or low? What will the effect be of continued lengthy and repeated deployments on volunteer soldiers as public patience with the war and its costs grows short? What needs to be done to foster resilience before deployment and adaptation upon return? How can we all be part of a welcoming community that promotes belonging and healing? These are but a few of the questions our soldiers, families and policy makers need answered and journalists will be the country's primary communicators and teachers about what experts discover.

The work of journalists like Kennedy begins with knowing their subject: not the war and not the illnesses it spawns (though those surely take knowing) but rather the person. With mental health problems there is a tendency to conflate disease and person - like when we say that person is an 'alcoholic' or 'schizophrenic' or 'anorexic'. But people get ill, they are not illnesses. Sir William Osler, a father of modern medicine, said "...it is much more important to know what sort of patient has a disease than what sort of disease a patient has". Why this matters is because it is the person who brings resilience and hope and determination; it is the person who needs support and camaraderie and community, not the illness.

Journalists also need to convey that it is not weakness that instigates distress but rather the interaction

between biological vulnerability and environmental stressors (see my HuffPost HuffPost of July 28, 2009).

Veterans carrying invisible wounds with debilitating emotions already suffer from the kind of shame that has them isolate themselves and when the pain gets too bad and prospects too dim. Then they reach for a gun to end it all. It is usually a failure of hope and community, not a failure of treatment, which is deadly.

Kennedy, who has worked intensively with soldiers (and tells the story of a platoon where soldiers mutinied in a forthcoming book *They Fought for Each Other*) points out that talking takes time, even more time in the wake of trauma. Trust comes slowly and pain is kept encapsulated to try to contain it. Memory and the organization of thought are often impaired by psychological trauma or blast effects associated with combat. Yet people need to talk, so it is good to ask, "what happened?" as long as you have the time and the strength to listen, a caution that applies to journalists and every day citizens.

We need the media to convey that effective treatments exist for conditions like depression, anxiety, substance abuse, and PTSD - and how to access care that will protect privacy and not damage job opportunities. We need media to stress that families also suffer: we can see the road signs of breakdown including marital fights, unruly children and domestic violence. And we need a message that says that family, work and community are among the most therapeutic interventions we have.

Many a story, heartening or agonizing, will come from the men and women serving in Afghanistan and Iraq, and from their families. We don't have to read, listen or view stories that do not use what happened to deepen our empathy or sharpen our understanding of what is happening and what needs to be done. That's how we, the audience, can add our influence to that of the Carter Center and the journalists its conference will reach.

The opinions expressed herein are solely my own as a psychiatrist and public health advocate.
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