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MILITARY: Taking the 'disorder' out of post-war stress

By Rick Rogers - For the North County Times | Posted: Friday, March 11, 2011 12:00 am

Soldier's heart, shell shock, war neurosis, combat fatigue ---- and now, especially for the last decade in Iraq and Afghanistan, post traumatic stress disorder.

Through the ages all have denoted the deleterious affects of combat on mental health that, depending on the numbers you believe, afflicts 15 to 40 percent of all combat veterans.

Whatever the name, those affected by it typically experience intrusive thoughts, intense startle responses and often attendant depression and self-medication.

The million-dollar question is, how can more troops be prodded toward seeking help?

Some in the veteran community suggest a marketing makeover. Specifically, dropping the "D" for "disorder" from PTSD nomenclature to lower the stigma quotient.

"When you tell anybody they have a disorder, they look at it as an emotional weakness of some sort," said Bill Rider, president and co-founder of the Oceanside-based American Combat Veterans of War. "It is not a disorder."

ACVOW counsels and debriefs Camp Pendleton Marines and sailors returning from war. Its office on the Marine base has been a fixture for years.

"It certainly is something that is going to happen to anybody who sees any amount of combat: exchanging fire with the enemy; your friends dying; you killing people, the enemy. It is going to happen," explained Rider, who fought at Khe Sahn and has admitted to having combat stress himself.

Rider draws a striking analogy.

"If you walked up to a warrior with a missing leg you wouldn't say, "Oh, I see you are suffering from missing leg disorder.'

"It (the word disorder) just connotes some really negative things that makes your job getting these people to accept the fact that they can do something about their PTS a lot harder."

Jon Nachison is chief of psychology at Paradise Valley Hospital in National City and faculty member at the University of San Diego. But he is nationally known for co-founding Stand Down in 1988. The annual three-day event provides homeless veterans and their families health care, substance abuse counseling, legal and employment assistance as well as food and clothing.

Nachison agrees that removing the word "disorder" would help, especially when people leave the service. But he wonders whether it's more important for the military to do more on its end.

"What Bill (Rider) wants to do could make a difference," Nachison said. "But I don't know if the problem is the name or the military culture."

Nachison said the military ethos of "sucking it up" and driving on with the mission is pervasive, and its troop-focused response to combat stress preparation is telling.

He said the military is searching for a pill to inoculate troops from combat stress, or finding personality traits that can be molded to make them less sensitive to war's carnage.

Negative consequences abound, Nachison said, from such a quest.

First, it propagates the idea that individual soldiers and Marines are the weak links in the chain, instead of recognizing that repeatedly sending young men to kill people is the problem.

Secondly, he questions the wisdom of creating an army of troops capable of killing without remorse and what that could mean to society upon their return.

Third, this stance largely absolves the military from treating conditions such as combat stress, which are best treated closest to the triggering event.

"Where things really need to change is in the military, when a person is still on active duty," Nachison said.

Bart Billings, a Carlsbad psychologist and retired Army colonel who runs the longest ongoing combat stress conference in the world, agrees with both Rider and Nachison.

"Disorder" needs striking from PTSD, because only a sociopath could avoid post-traumatic stress after combat. If its normal, how can it be a disorder?

And, Billings said, the military could reduce suicides by 50 percent and combat stress casualties by 75 percent.

"It's a simple answer," Billings said, "and I don't know why they don't implement it: One hour of mental health training a day for 30 days. Just like physical fitness training, only this would be mental health fitness. Teach them to normalize themselves. That's all. But they won't do it."

Said Nachison, "The more help they get in the military, the fewer people will have life-long problems, regardless of what it's called."

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