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# PSYCHOSOCIAL EFFECTS OF SERVICE OF THE POLISH ARMY TROOPS ABROAD

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## Abstract:

The main objective of the study is to identify the negative effects on soldiers being on duty abroad. The starting point for the analysis is to characterise a number of stressors arising from the specifics of the profession of a soldier. In addition, the article describes physical and mental effects, i.e. post-traumatic stress disorder, as well as difficulties associated with the life of injured veterans in the context of social structures.

#### **Keywords:**

veterans, post-traumatic stress disorder, military missions

### **INTRODUCTION**

In the military environment trauma and disorders resulting from it are ubiquitous, because military service is inextricably linked to experiencing intense stress. In particular, a soldier leaving for a military mission is much more exposed to trauma than the average citizen [20]. The stress of professional soldiers involved in missions covers three main areas. The first one includes typical stressors related to the performance of official duties in conditions of discomfort, activity deprivation, and cultural and climatic differences. The second area comprises a growing tension while performing their tasks and increased burnout. The third one is related to the participation in particularly



traumatic situations in which there is a direct threat to the life and health of a soldier or of being a witness to gruesome events, suffering and misery [1]. Additional stressors include the accumulation of negative emotions in interpersonal relations and conflicts in a sub-unit, a limited contact with the loved ones and the longing for family, being in a male-dominated social environment, adaptation difficulties, and anxiety associated with assigned duties [8].

The participation of the Polish Army Soldiers in peacekeeping missions abroad has a long history, as it dates back to the mid-twentieth century, when they took part as military observers in operations on the Indochina Peninsula in 1953 [12]. Afterwards, similar committees composed of Polish soldiers were present in Indochina in the years 1954-1976 and in Nigeria in the period of 1968-1970. The first military unit sent abroad was composed of the UN Emergency Force and operated in the Sinai Peninsula and the Golan Heights from 1973 until 1979. The first Polish Military Contingent was established in 1979, and it was a part of the United Nations Disengagement Observer Force in Syria. Its task was to secure the logistics of the UN troops, and since 1993 also to break the Israeli-Syrian forces in the Golan Heights and Egypt [19]. Undoubtedly, a turning point in the history of the Polish Army missions abroad was a stabilisation operation in Iraq started in 2003, being the first such serious test for our troops after Polish accession to NATO in 1999 [5].

Currently, Poland belongs to the group of countries with substantial involvement in foreign military operations of NATO coalition forces, which is confirmed by embracing responsibility for the selected zones occupied by the coalition and commanding a multinational division. The main tasks of the military and civilian personnel include, inter alia, ensuring security and public order in the zone, demining and removal of war damage, protection of infrastructure, assistance in establishing and supporting a local government and administration, assistance in creating and training national armies and other dispositional groups (police, border guards), and providing humanitarian aid to people [15].

The tasks assigned to Poland, resulting from its active participation in the creation of the world's social order, revealed many areas of changes in the theory and practice of conducting military operations in distant places in the foreign and culturally heterogeneous environment. Therefore, it is necessary to look at the army from the cultural-anthropological perspective, because of the ethnic structure of multinational military units and their integration and the integration of foreign soldiers with the Arab civilization, which is so different in terms of cultural aspects [6]. The ability to ensure proper relations with local civilian communities may be crucial to achieving the objectives of the military operations [26]. It is particularly important to respect local laws, customs, traditions and the way of life of different societies in places where soldiers serving their missions reside [25].

# 1. THREATS TO TROOPS PARTICIPATING IN MISSIONS ABROAD

In addition to religious and cultural, social and civilizational or climatic factors influencing the course of the service and adding to the burden on soldiers, the area of



military operations poses many direct threats to the life and health of their participants. The most serious threats to soldiers include, inter alia, attacks on government facilities and representatives of the government; attacks on bases, patrols, checkpoints and other groups of staff; direct attacks on coalition forces so as to prevent the troops from leaving the base and, thus, giving rebels freedom of action in the areas controlled by the coalition; the intimidation of the local population in order to obtain a negative impact in the province and running battles with the support of the local population [14].

Situations particularly traumatic for soldiers involved in missions include the following: being the direct target of the fire attack or staying within the shooting zone, being wounded, moving in the area with booby traps, taking part in a mine clearance activity, being on patrol, blocking (cutting off) a station, being a hostage, being within the zone of destruction, seeing dead and wounded people, seeing a wounded soldier, witnessing the death of another soldier, participating in the exchange of bodies between the parties to the conflict and participating in exhumations [4]. These risks have a direct influence on the losses of Polish soldiers. For example, in February 2008, in Kosovo, while intervening during the riots which broke out between Albanians and Serbs, a Polish garrison suffered losses of 28 wounded soldiers. The Polish mission in Iraq ended in October 2008, and cost the lives of 22 soldiers [24]. Since the involvement in the ISAF operation in Afghanistan in 2007, 44 Poles have been killed or died of wounds [10].

The army has also inappropriate equipment for missions, which was proved in June 2007, in the Afghan Wazi-Khwa base in which 11 soldiers had applied to the headquarters for early return to the country because of the lack of security in Humvee vehicles used to patrol the area. The military authorities considered it for a rebellion and a refusal to carry out orders. Only the installation of extra armour plates in the vehicles resulted in the withdrawal of applications by several soldiers [3]. The Land Forces Commander Gen. Waldemar Skrzypczak spoke on the equipment of the Polish Army during the ceremony of greeting the body of a fallen Polish soldier and he criticised the ministerial bureaucracy for being slow in making decisions about the rearming of the Polish troops in Afghanistan [16]. An accident in Nangar Khel, on August 16, 2007, was another situation resulting from the stressful conditions of service. The Polish patrol immobilized due to the outbreak of a booby trap around Afghanistan shelled the nearby village and as it turned out some civilians had been among the victims. The investigation showed the failure of a mortar, but there were also suggestions of a possible intended action due to the soldiers' mental stress or a revenge for earlier attacks [24].

It is also significant that soldiers are aware of the fact that wounds sustained during foreign missions exclude them from service and eliminate them from professional life. Unfortunately, pensions are not high, while the entire compensation they receive is generally spent on a long-term rehabilitation. The problems of veterans injured abroad stem from different rules in pension schemes for temporary service (pension paid by the Social Insurance Institution) and professional service (pension paid by the military pension office). Pursuant to the law, in the first case a soldier is a military invalid, whereas in the latter case a soldier is an injured person entitled to extra bonuses unavailable for pensioners of the Social Insurance Institution. Unfortunately, the

possibility of working as instructors or administrative staff has not yet been introduced for veterans wounded in combat operations [11].

# 2. PSYCHOSOCIAL EFFECTS OF PARTICIPATION IN MILITARY MISSIONS

Da Costa was the precursor of scientific descriptions of psychosomatic reactions occurring in soldiers. During the Civil War he observed the relationship between strong emotions and the occurrence of chest pain, tachycardia, nausea, disturbed sleep and nightmares. These disorders were called 'soldier's heart'. The interest in mental disorders caused by traumatic events increased significantly during World War I, when the term 'irritable heart' was replaced by 'shell shock', because it was associated with the reactions of soldiers in the trenches under artillery fire. During World War II the term 'battle fatigue' was introduced. Finally, at the time of the US war in Vietnam, the New York Times article initiated the discussion on the mental state and social problems of war veterans. This, in turn, resulted in the introduction by the American Psychiatric Association of a new disease entity called post-traumatic syndrome disorder - PTSD, which appeared in a diagnostic manual (DSM) in 1980, and was complemented with a disease called acute stress disorder – ASD in 1994. The impact of the combat stress on veterans was so big and concerned so many veterans that the US government established the National Centre for PTSD. It has become obvious that the battle stress can be associated with such disorders as depressive and dysthymic disorder, anxiety, impulsive behaviour, addiction and somatic disorders [21].

W.P. Nash divides battlefield stressors into five sets: physical (heat or cold, lack of water, moisture, dirt, sleep deprivation, noise and explosions, stench, bright light or darkness, poor nutrition, illness or injury); cognitive (lack or excess of information, ambiguous or changing roles or tasks, ambiguous rules of engagement, loyalty conflicts, boredom and monotony and a sense of meaninglessness of experience); emotional (loss of friends due to death or injury, fear, shame, guilt, helplessness, massacre and killing); social (isolation from social support, lack of privacy or personal space, influence of the media and the public opinion) and spiritual (loss of faith and inability to forgive or accept forgiveness) [17].

In 1999, the US Department of Defence approved the use of the term *combat stress* reaction – CSR and, because the representatives of the Navy and Air Force postulated that stress occurred equally often in peacekeeping and war operations, the term combat-operational stress reactions – COSR was introduced. The reaction to combat-operational stress has been described as a 'normal' reaction to 'abnormal' experience, occurring in four areas of life: physical, cognitive, emotional and behavioural. In the physical area, a soldier suffers fatigue, exhaustion, insomnia, and psychomotor agitation. In the cognitive area the typical symptoms comprise impaired concentration, memory loss, rumination, and depersonalisation. The emotional sphere includes moodiness, the frequent occurrence of fear and hopelessness, and anger. At the behavioural level one can observe risky behaviours, delinquency and impulsivity [18].

The syndrome associated with combat stress is an entity most often discussed in the contemporary literature on the epidemiology and treatment of mental disorders associated with warfare. A number of studies provide the following prevalence of PTSD



in soldiers who fought in the subsequent armed conflicts: the war in Vietnam 2-17% of veterans; the Gulf War 1.9-13.2% of American soldiers and 5.4% of Australian soldiers and the wars in Iraq and Afghanistan 4-15% of the US Army where a large part of this group consisted of patients with disorders that co-occur with additional brain damage, chronic pain or other mental disorders. Concurrently, it is estimated that in approximately 19% of veterans the symptoms of PTSD can develop after returning to the country [21]. In some extreme cases veterans commit suicides even after many years since the end of the mission. The horrific images of destruction and death usually inflict permanent damage to the soldiers' psyche – depressing memories, bad dreams, anxiety, aggression and alcoholism [7].

In 2013, the Department of Education and Promotion of Defence supported by psychologists of military units conducted an anonymous survey about the level of stress and the occurrence of PTSD in soldiers. These included more than 6,200 soldiers representing all kinds of armed forces, corps and age groups. Of this number 1,802 soldiers were on missions. It was discovered that 3.1% of soldiers on missions suffer from the symptoms of PTSD [2]. In addition to psychological problems, there were some limitations in other important spheres of social functioning (avoiding conversations and memories, people and friends or activities and places reminiscent of the trauma, and aggressive behaviour) and professional life [22].

The effects of combat stress can also have an impact on the family of a soldier returning from a mission, because the family is a system in which the unsettlement of one element (a family member) destabilises the whole system. It happens that the loved ones experience feelings, sensations and emotions similar to those of a soldier, which is a symptom of a combat stress transferred to people emotionally connected and living together.

It is difficult for soldiers experiencing post-traumatic stress syndrome to live in a family. Unprovoked bouts of anger, rage and nervousness make the family feel guilty of a soldier's bad mood and it leaves their relative, who, in addition, rejects all attempts at giving help and support. After the initial phase of the joy of returning home, the phase of irritability and gradual burnout occurs [9]. The wives of veterans suffering from combat stress complain about a low level of intimacy in a relationship, the lack of compliance, satisfaction and understanding, and an increased number of conflicts, which in extreme cases leads to relationship breakdown [23].

The analysis of the effects of service abroad shows that the possible physical risks result from the environment. For example, military service in Iraq and Afghanistan is burdened by numerous environmental factors, such as high and low temperature, wind, sand, dust and local fauna. In the summertime soldiers are particularly exposed to thermal injuries. Sand and dust storms can be dangerous, too. In winter, low temperatures are problematic. In Afghanistan, there is an additional risk resulting from high-altitude conditions, especially in winter when there is heavy snow. Severe conditions in which soldiers often fight may be a significant threat to their health and life [13]. The performance of operations in the areas of fight poses a direct threat to the health and lives of soldiers. The main threats in the battlefield include IED (improvised explosive



device), anti-vehicle mines, and antipersonnel mines (stepping or driving on such mine causes an explosion), resulting in injuries which most often end in amputation of limbs. Soldiers are also a direct target of enemy attacks and are exposed to gunshot wounds in an open battle or wounds resulting from explosions or using anti-vehicle grenade launchers.

#### **CONCLUSION**

The participation of soldiers in missions abroad is associated with many adverse consequences. The positive effects of their involvement include the gained experience, the exchange of experience with the armies of different countries as well as a significant technical progress (replacement of old equipment, modernisation). However, for many soldiers their service abroad brings about negative effects. Soldiers are exposed to, for example, symptoms of occupational stress associated with difficult environmental conditions of service, physical injuries on the battlefield as well as mental disorders due to traumatic situations. All of these threats affect the functioning of soldiers in the society after leaving the service.

War leaves a lasting trace on the psyche of a soldier, often making it difficult to return to the reality of everyday life. Permanent physical injuries, such as amputations or spinal injury, sometimes exclude a soldier from active military service forever, at the same time causing a number of difficulties related to the internal acceptance of the new life situation and adaptation to living in a society. The analysis of the psychosocial effects of participating in missions abroad by the Polish Army Soldiers is important because it influences the creation and proper functioning of any assistance mechanisms for injured veterans.

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