Re-Integration Stress for Desert Storm Families: Wartime Deployments and Family Trauma

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Because the war was relatively brief, casualties relatively light, and the Nation sanctioned the war socially, veterans of Desert Shield/Storm and their families were not anticipated to suffer symptoms of trauma or re-entry stress beyond that expected in routine peacetime military deployments. However, the authors argue that the stress imposed on families by Desert Shield/Storm was not analogous to that of routine deployments. The call to duty was unexpected, disruptive, and "hazardous" (i.e., highly dangerous) which places it in the category of a "catastrophic" stressor as defined by McCubbin and Figley (1983). The deployment was a call to war, which creates unique stress beyond those experienced during peacetime deployments. The deployment also carried with it prolonged "anticipation of trauma." For these reasons, the authors argue, the deployment to Desert Shield/Storm created a situation of "family trauma" for veterans and their families. Suggestions are offered for education, prevention and treatment for families undergoing unexpected wartime military deployments.

KEY WORDS: Desert Storm; families; trauma; war; deployment.

INTRODUCTION

Between August 1990 and March 1991, 500,000 American military personnel were called to duty in the Persian Gulf. Early on there was concern about potentially high incidence of Combat Stress Reactions (CSR) and PTSD, as American military were expected to find themselves involved in trench warfare on the magnitude of that encountered in World War I. However, in the end, it was argued that a number of factors would mitigate against large scale stress reactions among the returning troops and their

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families back home. First, the war was relatively brief. It is true that the first troops were sent over the first week of August, 1991; that by October, close to 300,000 were already in the theatre of operations; and that during the summer of 1991, there were still between 50,000 and 100,000 left in and around Iraq. However, in the public eye, the actual war lasted only 6 weeks (and to some, it only lasted five days): Five and a half weeks of air strikes followed by five days of a ground war. Second, the war was also seen as having relatively few American casualties. Slightly over one hundred of our men and women died, and of these, less than half died from enemy fire.

Third, the war had strong social sanction from the people of the United States. Having learned from the Vietnam War that social censure of that war and its veterans contributed to the chronicity of subsequent PTSD reactions, the country worked hard to support the troops serving in the Persian Gulf war. From television promotional spots, to yellow ribbons, to flag stickers on car windows, to the thousands of tons of packages and letters that literally jammed the mail-ways, Americans by and large sought to demonstrate their support of the people called to duty. Even those strongly opposed to the war and demonstrating for peace were always careful to clarify that they supported the people serving in the war, despite opposition to the war itself. This show of national support culminated in a nationally televised homecoming celebration in June, 1991, for the Desert Shield/Storm Veterans. Thousands attended and many more millions watched on TV. Clearly, the country bestowed a sense of honor on the Desert Shield/Storm veterans and embraced them with emotional support.

Fourth, perhaps because of the factors listed above, the war had relatively few psychiatric casualties. Few cases of Combat Stress Reaction were diagnosed from August of 1990 through March, 1991, and even fewer cases of Post-traumatic Stress Disorder were cited.

Finally, working from lessons learned during the Vietnam war, Mental Health and Social Work departments, across the country, on military bases and in civilian settings, tried to reach out psychiatrically to the families left behind. The belief underlying this outreach was that education and emotional support for family members during the deployment would emotionally shore up the family system, which in turn would help the morale of the deployed troops, thus serving to diminish the numbers of psychiatric casualties from the war. Support groups for families were established; educational literature was distributed; information networks were set up; and publications were produced ("Post-traumatic stress disorder (PTSD)," 1991; "Guide to A Mentally Healthy Reunion," 1991) to help with the re-entry process.