

# COPING WITH STRESS

**T**HE murder of Assistant Commissioner Winchester has placed the spotlight once again on the stress that is often present in police life.

The AFP's Director Medical Services, Dr Mike Dwyer and the AFP's psychologist, Mr Len Backhouse, prepared this report.

There is a very heavy accent in current police literature on police stress, critical incident stress, and post-shooting trauma.

This reflects the police perception of these as real problem areas, and consequently we are all searching for the answers. In doing so there is always a great risk of going through the cyclical process of re-inventing the wheel.

It is now fairly common to see comments such as the following:

*"We have bestowed upon an officer a multitude of expectations, at times with a minimum of training, and expect that individual to overcome catastrophic experiences that few of us could withstand"*.

It is our belief that, in reality, there are very few of us who cannot withstand catastrophic experiences, but in order to do so, we must fulfil certain very positive criteria.

Critical incident stress counselling has arisen from studies of battle, and its effects on soldiers. One of the most sensitive and informative works ever produced on the subject of people at war is *The Face of Battle* by John Keegan, a professor of military history at Sandhurst. He quotes many sources, from ancient times onwards, where soldiers in action are described in detail, along with the terrors of particular battles.

The understanding of the stresses involved has blossomed relatively quickly in recent years.

Up until World War I, any departure in behaviour from group norms was labelled cowardice, and the offender shot. Indeed, this was just as true in the early years of WWII, but gradually the medical services of the combatant countries came to be heard, describing a group of people with the same symptoms — sleeplessness, tremor, heightened emotions,

loss of concentration, sadness, and non-specific physical symptoms such as headache, bowel upsets, indigestion, and heart irregularity. Various terms were applied to the syndrome, ranging from "lack of moral fibre" to "shell shock". It was genuinely believed by some that the concussion caused by the shelling actually produced the symptoms.

A much better understanding of the phenomena had emerged by the end of the Korean War, mainly due to the appointment of specialist psychiatrists to divisional medical staffs, so that the effect of battle on individuals was much better observed.

Some very interesting facts emerged concerning behaviour in battle. For instance, 40% of the American troops that landed at Omaha Beach on D-Day did not fire their weapons. Many of them were newly arrived from the USA and were very poorly trained and prepared. Another fact to emerge was that battle stress was best treated forward in the divisional area — once the soldier was sent out of the combat zone, he was "labelled" and usually lost for good.

The studies of battle fatigue in Vietnam have led to the definition of "post traumatic stress disorder". It is a genuine condition, clouded by the appearance of some non-genuine cases of people who were never in the actions that they describe in graphic detail.

The spin-off from the military studies has led to the development of debriefing sessions of many kinds of traumatic incidents in the civil sphere. Some have been better than others. The Mount Erebus air disaster operation in Antarctica was well handled in most ways. However the New Zealand police management took some time to realise just how much the police, and their families at home, were affected by the isolation and the



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dangerous environment. Once the impact of the isolation was realised, a much improved communication and feedback system was established.

On the other hand, the debriefing of the police officers involved in the San Ysidro McDonalds massacre in the United States seems to have been carried out thoroughly, sensitively, and with long term follow-up.

In the military context, it is now accepted that we all have limits, often influenced by such factors as physical fitness, fatigue, and length of time on the task, and further influenced by the soldier's sense of confidence about how things are going on the home front.

Thus, when leaders see the onset of stressed or exhausted behaviour, they should send those soldiers to the close rear out of the sound of battle for rest, good food, fresh clothing, hot showers, sleep and relaxation. Within 3-4 days they'll become battle worthy again.

If soldiers are labelled "battle stressed" and sent back beyond the divisional area, they inevitably start to regard themselves as inferior, and the chance of ever returning to their unit is almost zero.

## Training

- a) Training must include "life style" and "life skills" training along with police technique training. We must, in effect, train young police officers in a system of logic, whereby we can rely on them to make consistent decisions based on fact rather than emotion.